

**FINAN TEMPLETON DERMATOPATHOLOGY
NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION
(Effective April 14, 2003)**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU
CAN ACCESS THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

The practices described in this notice will be followed by our employees and other office personnel. If you have any questions about this privacy notice, please contact the privacy officer as listed at the end of this notice.

This notice applies to the information and records we have about your health and healthcare services that you receive at this laboratory. We are required by law to provide this notice and to maintain the privacy of protected health information.

This notice describes the ways in which we may use and disclose health information, your rights and our legal duties regarding the use and disclosure of this information.

Uses and Disclosures of Health Information:

For Treatment:

We may use health information about you, which is generally provided to us by your primary clinician (for example, your dermatologist), to assist us in making a diagnosis from your tissue sample (biopsy or excision). We report this diagnosis back to your primary clinician in the form of a pathology report. On rare occasion, we may consult with another pathologist, outside of our laboratory, in order to provide the most accurate diagnosis.

For Payment:

We may use and disclose health information about you so that diagnostic services received at this laboratory may be billed to, and payment collected from, you and your insurance company.

For Healthcare Operations:

We may use and disclose health information about you in order to run this laboratory and ensure that you and other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff and to determine how we can be more efficient in providing health care.

Special situations:

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

Required by Law. We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Research. We may disclose health information about you for research projects that are subject to a special approval process. We will obtain your permission if the researcher will have access to your name, address or other information that reveals your identity.

Military, Veterans, National Security and Intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also be required to release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may disclose health information about you for workers' compensation or similar programs.

Public Health Risks. We may disclose health information about you for public health reasons such as the reporting of vital statistics related to disease incidence and to prevent or control disease.

Health Oversight Activities. We may disclose health information about you for audits, investigations, inspections or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement. We may disclose health information about you if required asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all legal requirements.

Coroners and Medical Examiners. We may disclose health information, as necessary, to a coroner or medical examiner to help determine the identity of a deceased individual or help determine the cause of death.

Organ and tissue donation. If you are a donor, we may disclose health information about you to organizations that handle procurement, banking and transplantation for the purpose of facilitating these functions.

Other Uses and Disclosures of Health Information:

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. If you give us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered in that authorization. However we can not take back any uses or disclosures already made with your permission.

Breach Notification:

If there is a discovery of a security breach where there is compromise of patients' PHI, we will employ the policies and procedures as detailed in the HIPAA Breach Notification Rules.

Your Rights Regarding Health Information About You:

You have the following rights regarding the health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your health information, such as the pathology report and billing records. You must submit a written request in order to inspect and/or copy your health information. We may charge a fee to cover the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances and we will provide you with a written explanation of the reason for denial. If you are denied, you may request that the denial be reviewed. If such a review is required by law, we will select a licensed healthcare professional to review your request and our denial. The person conducting this review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend. If you believe that the health care information that we have about you is incorrect or incomplete, you may ask us to amend the information, You have the right to request an amendment as long as the information is kept by this laboratory. To request an amendment, complete and submit a Medical Record Amendment/Correction Form. We may deny your request for an amendment if it is not in writing and does not include a reason to support the request. In addition, we may deny your request if you ask that us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) It is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy.
- d) The information is accurate and complete.

Right to an Accounting of Disclosures. You have the right to an accounting of disclosures of your health information for any purposes other than for treatment, payment and healthcare operations. To obtain this accounting, you must submit your request in writing. It must state a designated time period, not longer than six years, and may not include dates prior to April 14, 2003. We may charge you for the costs related to providing this list.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information that we use or disclose about you for the purposes of treatment, payment or healthcare operations. You also have the right to request a limit on the health information that we disclose about you to someone who may be involved in your care or the payment of bills, such as a family member or friend. This request should be detailed in writing. We are not required to agree to your request, but if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example you might request that we contact you at work rather than home. This request must be detailed in writing and should specify how and where you wish to be contacted. We will not ask you the reason for this request and will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have a right to a paper copy of this notice, upon your request.

Changes to This Notice.

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information that we receive in the future. We will post the current notice in our office and include the effective date at the top of the notice. You are entitled to a copy of the notice currently in effect, upon request.

Complaints. If you believe that your privacy rights have been violated, you may file a complaint with our laboratory or with the Secretary of the Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

Contact Information:

Any questions, requests or complaints should be directed to:
Julie A. Barber, M.D.
Finan Templeton Dermatopathology Associates
6095 Barfield Rd., Suite 200
Atlanta, GA 30328-4408
404-851-1766.