

Laboratory for Kidney Pathology, Inc.
Notice of Privacy Practices

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

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

We are legally required to protect the privacy of your medical information, referred to in this document as “PHI” (protected health information).

PHI includes information that can be used to identify you that we have received or created about your health condition, the provision of health care to you, or the payment for this health care. We must provide this Privacy Notice to you when requested by you. It explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure.

When State privacy law(s) are more stringent than HIPAA about how PHI may be used or disclosed, we comply with those State guidelines.

We are legally required to follow the privacy practices that are described in this Notice. Since we are an indirect provider, our current Notice will be posted on our website www.kidneybiopsy.com. However, we reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice. You can also request a copy of this Notice from the contact person listed in Section V at any time and can view a copy of the Notice on our Web site at www.kidneybiopsy.com.

III. HOW WE MAY USE AND DISCLOSE YOUR PHI.

We use and disclose PHI for many different reasons. Below, we describe the different categories of our uses and disclosures and give you some examples of each category. Not every use or disclosure in a category will be listed.

- **For Treatment.**

We may use or disclose your PHI to provide you with medical treatment or services. We may disclose PHI about you to physicians, nurses, technicians, and other health care personnel who provide you with health care services or are involved in your care. For example, we may provide your PHI to your physician.

- **To Obtain Payment for Treatment.**

We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.

- **For Health Care Operations.**

We may use and disclose your PHI in order to operate our lab business. For example, we may use your PHI in order to evaluate the quality of our testing. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.

- **Individuals Involved in Your Care or Payment for Your Care.**

Unless you request that we not do so, we may release PHI about you to a friend or family member who is involved in your medical care. We also may give PHI about you to someone who helps pay for your care.

- **As Required by Law.**

We may use or disclose PHI about you when required to do so by federal, state or local law.

- **Law Enforcement.**

We may disclose PHI about you if asked to do so by a law enforcement official: In response to a court or other tribunal order, subpoena, warrant, summons or similar Process; To identify or locate a suspect, fugitive, material witness, or missing person; About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; About a death we believe may be the result of criminal conduct; In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **For Public Health Activities.**

For example, we may disclose PHI about you to government officials in charge of collecting information about reportable diseases.

- **For Health Oversight Activities.**

For example, we may disclose PHI about you to assist the government when it conducts an investigation or inspection of a health care provider or organization.

- **For Research Purposes.**

In certain circumstances, we may use or disclose PHI in order to conduct medical research. We will almost always ask for your specific permission if the researcher has access to your name, address or other information that reveals who you are.

- **To Avoid Harm.**

In order to avoid a serious threat to the health or safety of a person or the public, we may disclose PHI about you to law enforcement personnel or persons able to prevent or lessen such harm.

- **Military and Veterans.**

If you are a member of the armed forces, we may disclose PHI about you as required by military command authorities.

- **For Workers' Compensation Purposes.**

We may provide PHI in order to comply with workers' compensation laws.

- **Organ and Tissue Donation.**

If you are an organ donor or potential recipient, we may disclose PHI about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- **Lawsuits and Disputes.**

If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We also may disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we are assured that efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Coroners, Medical Examiners and Funeral Directors.**

We may disclose PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death.

- **National Security and Intelligence Activities.**

We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.**

We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

- **Inmates.**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- **To Business Associates.**

We may disclose PHI about you to our Business Associates. We contract with Business Associates to perform on our behalf or assist us in the performance of functions or activities involving the use or disclosure of PHI. By law and under the terms of our contracts, our Business Associates are required to safeguard and protect PHI.

- **Other Uses of PHI.**

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we have provided to you.

IV WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

You have the following rights with respect to your PHI:

- **The Right to Inspect and Copy.**

In most cases, you have the right to request copies of your PHI that we have, but you must make the request in writing, and we are obligated to provide it directly to an “authorized person”. Federal law (CLIA 1988) and Tennessee State law governing diagnostic medical laboratories prohibit us from providing laboratory test records and reports to anyone other than “authorized persons”. “Authorized persons” are defined by Tennessee State law as “physician, optometrist, dentist, chiropractic physician, designated entity or other healthcare professional who requested it.” TCA 68-29-121. Since the individual is not an authorized person, we are prohibited from providing access to PHI directly. The individual who receives services provided by this laboratory will be able to receive their test results or reports through the healthcare provider who ordered the tests only. The Laboratory for Kidney Pathology will provide ordering healthcare providers copies of an individuals PHI, upon written request, within ten days. All written requests must be addressed to Privacy Officer named in Section V. All written requests to inspect and/or copy your PHI will be retained in your file.

In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

- **Right to Amend.**

If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us. To request an amendment, provide us with a copy of the “Right to Amend” form from the physician to whom we provided your PHI. Send all requests to Privacy Officer named in Section V. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI kept by or for us;

- Is not part of the PHI that you would be permitted to inspect and copy; or
- Is accurate and complete.

All written requests to amend will be retained in your file.

- **Right to an Accounting of Disclosures.**

You have the right to request an accounting of the disclosures we have made of your PHI in the six (6) years prior to the date on which you request the accounting. This is a list of the disclosures of your PHI we have made, other than for treatment, payment, health care operations, or as specifically authorized by you.

To request this accounting of disclosures, you must submit your request in writing. We have a special form for that purpose which you may obtain by contacting the Privacy Officer, contact information is in Section V below. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the reasonable costs of providing the list. We will notify you of the cost.

All written requests for accounting of disclosures will be retained in your file.

- **Right to Request Restrictions.**

You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI that we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a past medical condition. Except as discussed below, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

We must agree to your request for a restriction if:

except as required by law, the disclosure of your PHI is to a health plan (i.e., a health insurance company) for purposes of carrying out payment or health care operations; and the PHI pertains solely to the health care item or service for which we have been paid out of pocket in full.

To request restrictions, you must make your request in writing. We have a special form for that purpose which will be supplied to you if you ask for it. In your request, you must tell us:

- (1) what information you want to limit;
- (2) whether you want to limit our use, disclosure or both; and
- (3) to whom you want the limits to apply -- for example, disclosures to your spouse.

- **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 can ask that we only contact you at work or by mail. To request confidential communications, we

have a special form for that purpose which will be supplied to you if you ask for it. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to a Paper Copy of This Notice.**

You have the right to a paper copy of this Notice. You may ask us to give you a copy of our current Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of our current Notice at our website, www.kidneybiopsy.com. To obtain a paper copy of our current Notice, contact the Privacy Officer, Sarah Holmes.

Her information is in Section V, below.

V. COMPLAINTS.

If you think that we may have violated your privacy rights, or you disagree with a decision that we made about access to your PHI, you may file a written complaint with:

Sarah Holmes, Privacy Officer
Laboratory for Kidney Pathology, Inc
1916 Patterson St, Suite 501
Nashville, TN 37203
615-321-5729
sarahlkp@comcast.net

You may also file a written complaint with:

Secretary, Department of HHS
200 Independence Avenue, S.W.
Washington, D.C. 20201

Toll Free: (877) 696-6775

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

We will take no retaliatory action against you if you file a complaint about our privacy practices.

VI. EFFECTIVE DATE OF THIS NOTICE

April 14, 2003