



Notice of Privacy Practices

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.**

Our Uses and Disclosures

How do we typically use or share your health information?

For your treatment. We can use your health information and share it with others who are evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests will be shared with your health care provider.

For payment. Your health information may be used to seek payment from your health insurer. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

To run our organization. Your health information may be used as necessary to support the day-to-day activities and management of Dermopathology Northwest. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

How else do we use or share your health information?

We will share information about you if state or federal laws require it. Your health information may be disclosed to a government agency doing an audit or inspection or to comply with government mandated reporting, or to law enforcement agencies to help with an investigation. We will share health information about you in response to a court order or in response to a subpoena.

Other uses and disclosures require your authorization.

Disclosure of your health information or its use for any purposes other than those listed above requires your specific written authorization. If you change your mind afterward, you may submit a written revocation of the authorization; however, *your decision to revoke the authorization will not undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.*

Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may not sell your protected health information without your authorization.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications. You can ask us to contact you in a specific way (for example, at a home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request and we will not do so if it would affect your care. If you pay for your service out-of-pocket you can ask us not to share that information with your health insurer and we will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time and we will provide you with one promptly.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights about your health information. We will make sure the person has this authority before we take any action.

File a complaint if you feel your rights are violated. If you feel we have violated your rights, please contact us using the information at the end of this notice. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

If you have questions or comments about our privacy practices or if you wish to file a complaint, please contact us at the address or phone number below.

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Bellevue, WA 98005

(425) 455-9945

Effective Date

This notice is effective on or after May 15, 2015.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.