

CD Laboratories

Privacy Notice Required Under Federal Law

This notice describes how personal or medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

At CD Laboratories, we are committed to treating and using protected health information about you responsibly. This notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective April 14th, 2003 and applies to all protected health information as defined by federal regulations

Understanding your Health Information

Each time you visit CD Laboratories, a record of your visit is made. Typically this record contains a requisition from your physician and your laboratory results. It also contains personal information such as your name, social security number, date of birth, gender, and other demographic and insurance information.

Your Health Information Rights

Although your laboratory results are the physical property of CD Laboratories and your physician, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices on request,
- Inspect and receive a copy of your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528,
- Request communication of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522,
- Revoke your authorization to use or disclose health information except to the extent action has already been taken.

Our Responsibilities

CD Laboratories is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction,
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will notify you at the time of your next visit.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to disclose your information after we receive a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Laboratory's Privacy Officer by email at privacy@cddiagnostics.com.

If you believe your rights have been violated, you can file a complaint with our Privacy Officer or with the Office for Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201

Examples of Disclosure for Treatment, Payment and Health Operations

We will use your health information for your treatment.

Your laboratory results will be sent via mail or facsimile to your physician to assist him/her in your treatment. If your results need to be sent to another physician or location, we must have authorization in writing from you or the ordering physician.

We will use your health information for payment.

The information on or accompanying the bill to your insurance company may include information that identifies you as well as your diagnosis, and tests performed.

We will use your health or personal information for regular health operations.

Members of our Quality Assurance Staff may use your health information to assess the accuracy and quality of our procedures during monthly reviews.

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to Workers Compensation or other similar programs established by law.

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.