



NOTICE OF PRIVACY PRACTICES (Effective 8-19-13)
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT

CHANGES TO THIS NOTICE

The Delta Pathology Group, L.L.C. may change policies and privacy practices at any time. Changes will apply to your protected health information (PHI) we already have, as well as new information obtained after the change occurs. You will receive a copy of this notice each time you register at one of our sites for laboratory services

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Business Associates of Delta must now also comply with these same privacy practices. We may use and disclose medical and billing information about you for treatment (such as sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (such as comparing patient data to improve treatment methods).

We may use or disclose medical and billing information about you without your prior authorization for several other reasons, subject to certain requirements for: public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, organ donation, workers/ compensation purposes, or during emergencies. We may also disclose PHI when required by law, such as in response to a request from law enforcement officials in specific circumstances, or in response to valid judicial or administrative orders.

We may disclose medical and billing information about you to a friend or family member who is involved in your medical care or to disaster relief authorities so that your family can be notified of your location and condition.

OTHER USES OF MEDICAL INFORMATION

In any other situation not covered by this Notice, we will ask for your written permission before using or disclosing your PHI; disclosures for marketing purposes or that constitute a sale of PHI will require your authorization. If you choose to authorize our use or disclosure of your PHI, you can later revoke that permission by notifying us in writing of your decision.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You may opt out of receiving fundraising communications, restrict certain PHI disclosures to a health plan when you pay out of pocket in full for the health care item or service, and you will be notified if there is any breach of unsecured PHI.

In most cases, you have the right to look at or obtain a copy of your medical and billing information contained in the designated record set that we use. If you request copies, we may charge the cost of copying, related supplies or postage. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you believe information in your record is incorrect or if important information is missing, you have the right to request that we correct the record. Your request may be submitted in writing. A request for amendment must provide your reason for the amendment. We could deny the request to amend a record if the information was not created by us, if it is not part of the medical or billing information maintained by us, or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.

You have the right to a list of those instances where we have disclosed medical and billing information about you, other than treatment, payment, health care operations, or where you specifically authorized a disclosure. When you submit a written request, the request must state the time period desired for the accounting, which must be less than a 6 year period. You may receive the list in paper or electronic form. The first disclosure list request in a 12 month period will be provided to you at no cost; other requests will be charged in accordance with our cost to produce the list and we will inform you of the cost before you incur any charges.

You have the right to request that your medical and billing information be communicated to you in a confidential manner, such as sending mail to an address other than your home. You must notify us in writing of the specific way or location for us to use to communicate with you. You may request, in writing, that we not use or disclose PHI about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, or when required by law, or in an emergency. We will inform you of our decision. You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. We are not required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays in full for an item or service, and you request that information concerning such items or service not be disclosed to a health insurer.

COMPLAINTS

If you have any questions or if you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Office at 318-841-9545. You may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights; the address will be given to you upon request. Under no circumstances will you be penalized or retaliated against for filing a complaint.

OUR PLEDGE TO YOU

We understand that medical and billing information about you is personal. We are committed to protecting the privacy of your medical and billing information. We create test report records and information needed to provide quality care and to comply with legal requirements. This Notice applies to all of your records we maintain, whether created by our staff, your personal physician, or reference laboratory. Your physician may have different policies or Notices regarding the doctor's use and disclosure of your medical and billing information created in his/her office. We are required by law to:

- Keep medical and billing information about you private
- Give you this Notice of our legal duties and privacy practices with respect to your PHI
- Follow the terms of the Notice currently in effect