



2625 Coffee Road, Suite S
Modesto, CA 95355
Phone: (209)577-1200
Fax: (209)577-6517

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.

Yosemite Pathology Medical Group, Inc., which hereinafter includes its affiliates, contractors and subcontractors, understand the importance of privacy and are committed to maintaining the confidentiality of your medical information as required under the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH), as incorporated in the American Recovery and Reinvestment Act of 2009 (hereinafter collectively referred to as HIPAA) and applicable state laws. As an indirect health care provider, we make a record of the laboratory services we provide and may receive such records of laboratory services from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate Yosemite Pathology Medical Group, Inc. properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.

A. How Yosemite Pathology Medical Group, Inc. May Use or Disclose Your Health Information

Yosemite Pathology Medical Group, Inc. collects health information about you and stores it in the form of a laboratory requisition and on a computer. This is your medical laboratory record. The medical laboratory record is the property of Yosemite Pathology Medical Group, Inc., but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment. We use medical information related to your laboratory test results to assist your physician in providing your medical care. We disclose medical information

to our employees and others who are involved in providing the laboratory services your physician requested. We may share your medical information with other laboratory services providers who will provide services which we do not provide.

2. Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan or your health insurance carrier the information it requires before it will pay us. We may also disclose information to other health laboratory services providers to assist them in obtaining payment for services they have provided to you.

3. Health Care Operations and Business Associates. We may use and disclose medical information about you to operate Yosemite Pathology Medical Group, Inc. For example, we may use and disclose this information to review and improve the quality of laboratory services we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our business associates that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. Although federal law does not protect health information which is disclosed to someone other than another health care provider, health plan or health care clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. Upon your requesting your physician's consent, we may also share your information with other health care providers to assist them in providing health care to you, health care clearinghouses or health plans that have a relationship with you, when they request this information, with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

4. Required by Law & Workers Compensation. As required by law, we will use or disclose your protected health information to the extent that law requires the use or disclosure. We will maintain compliance with the law and will limit the disclosure to the minimum necessary. If required, you will be notified of any disclosure. We are permitted to disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

5. Public Health. We may, and are sometimes required by law to disclose your health information to public health authorities for purposes of preventing or controlling disease.

6. Health Oversight Activities. We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

7. Judicial and administrative proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

8. Coroners. We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

9. Organ or Tissue Donation. Upon your requesting physician's consent, we may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

10. Specialized Government Functions. We may disclose your health information for military or national security purposes.

11. Change of Ownership. In the event that Yosemite Pathology Medical Group, Inc. is sold or merged with another organization, your health information/record will become the property of the new owner.

12. Research. Upon your requesting physician's consent, we may disclose your health information to researchers conducting research to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

13. Family and Friends. Under certain circumstances, and with proper documentation and/or authorization, we may disclose your health information to family members, other relatives, or close personal friends or others that you identify to the extent it is directly relevant to their involvement with your care or payment related to your care. In particular, in the event you become deceased, we may disclose your health information to family members and others who were involved in the care or payment for care of you prior to your death, unless we are aware that you have expressed a preference with respect to who we can disclose your health information after you die.

14. Patient Request for Test Results. We understand that patients may make a request directly to Yosemite Pathology Medical Group, Inc.'s laboratory for a copy of their test results. Upon prior authorization, we will provide a copy of any test results directly to a patient, the patient's personal representative, or a person designated by the patient, as appropriate.

15. Marketing. Except as otherwise allowed under HIPAA, we will not use or disclose for marketing purposes your health information without your prior authorization in the event we receive financial remuneration from a third party whose product or service is the subject of the marketing of your health information.

16. Sale of Protected Health Information. Except as otherwise provided under HIPAA, we may with your prior authorization, exchange your health information for direct or indirect remuneration from or on behalf of the party to whom your health information

would be provided. Any such authorization we provide to you for your signature will contain the statement "Such disclosure of your health information will result in our receiving remuneration for such exchange of your health information."

17. Other Uses and Disclosure of Your Health Information. Other uses and disclosures of your health information that are not described in this Notice of Privacy Practices will be made only with your authorization.

B. When Yosemite Pathology Medical Group, Inc. May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Yosemite Pathology Medical Group, Inc. will not use or disclose health information which identifies you without your written authorization. If you do authorize Yosemite Pathology Medical Group, Inc. to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. Except as provided in item 6 below, we reserve the right to accept or reject your request, and will notify you of our decision.

2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information such as invoices for laboratory services to a post office box location or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Amend or Supplement. Upon your requesting physician's consent, you have a right to request that we amend your health information that you believe is incorrect or incomplete. Your right to amend is limited to your name, address, date of birth, sex, and social security identification number. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about Yosemite Pathology Medical Group, Inc.'s denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment). You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

4. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by Yosemite Pathology Medical Group, Inc., except that Yosemite Pathology Medical Group, Inc. does not have to account for the disclosures provided to you or pursuant to your written authorization, or as

described in paragraphs 1 (Treatment), 2 (Payment), 3 (Health Care Operations and Business Associates), and 10 (Specialized Government Functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent Yosemite Pathology Medical Group, Inc. has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

5. Right to Inspect and Copy Your Health Information. You have the right to request access to inspect and to obtain a copy of your health information as long as that information is maintained in a designated record set. However, your right to request such access to your health information is subject to certain restrictions set forth in HIPAA and our right to deny any such request in accordance with HIPAA.

6. Right to Restrict Disclosure to a Health Plan. You have the right to request us not to disclose your health information to a health plan when you have paid us in full for services we have provided on your behalf. However, if we are required by law to disclose your health information, we do not have to honor this type of request you make to us.

7. Right to Request a Paper Copy of This Notice. You have a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

8. Electronic Copy of Your Health Information. You may request an electronic copy of your health information that we maintain in an electronic health record other electronic designated record set.

9. Right to Request Disclosure to a Third Party. You have the right to request us to transmit your health information directly to another individual when your request is in writing, is signed by you, clearly identifies the person to whom your health information will be disclosed and where to send your health information.

10. Right to Be Notified of a Breach. In the event there is a breach of any of your unsecured health information, we are required to notify you of such breach.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice on file. We will make a copy of the revised notice available to individuals who request it.

E. Complaints

Complaints about this Notice of Privacy Practices or how Yosemite Pathology Medical Group, Inc. handles your health information should be directed to the Yosemite Pathology Medical Group, Inc.'s Compliance Officer at 2625 Coffee Road, Suite S,

Modesto, CA 95355, (209) 577-1200. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

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

You will not be retaliated against for filing a complaint.

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received a copy of Yosemite Pathology Medical Group, Inc.'s Notice of Privacy Practices. I further acknowledge that a copy of the current notice is on file at Yosemite Pathology Medical Group, Inc. and that I will be provided a copy of any amended Notice of Privacy Practices upon request.

Signed: _____ Date: _____

Print Name: _____ Phone: _____

If not signed by the patient, please indicate relationship as follows:

____ Parent or guardian of a minor patient

____ Guardian or conservator of an incompetent patient

____ Beneficiary or personal representative of deceased patient

Name of Patient: _____