

IPRD Diagnostic Laboratory

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. The current version of this notice is also posted on our website. **Please review it carefully.**

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. You may also have additional rights under Florida law, including those described in the Florida Patient's Bill of Rights and Responsibilities.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your clinical report and other health information we have about you. Ask us how to do this.
- Access to medical records is governed by both federal and Florida law. Where Florida law provides greater access rights or shorter timelines, we will follow Florida requirements.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. Ask us to correct errors on your medical record.

Request confidential communication

- You can ask us to contact you in a specific way (for example, home, office, or cell 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 payment or our operations.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurance. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to function as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us:
 - HIPAA Privacy Officer - Denis Burns
 - compliance@med.fsu.edu or (850) 645-3882
- You can 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, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

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Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information or photos for marketing purposes, but only if you give us written permission.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. We comply with GINA (Genetic Information Nondiscrimination Act of 2008), which prohibits discrimination on the basis of genetic information with respect to health insurance and employment.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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 must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind in writing at any time.

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