NOTICE OF PRIVACY PRACTICES

Standard HIPPA Compliance Disclosure

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your protected health information (PHI) and to provide you with notice of our legal duties and privacy practices.

How We Use and Disclose Your Information

For Treatment: We may use your PHI to provide specimen collection services and coordinate with your ordering physician or processing laboratory.

Health Operations: We may use phi to review our service quality and for business planning.

Required by Law: We will disclose PHI when required by federal, state, or local law.

Your Rights Regarding Your PHI

Right to Inspect and Copy: You have the right to request access to the medical records we maintain.

Right to Amend: If you feel information we have is incorrect, you may request an amendment

Right to an Accounting of Disclosures: You may request a list of certain disclosures we have made of your PHI.

I acknowledge that I have been provided access to the full Notice of Privacy Practices.

Patient Name: _____

Patient Signature: _____ Date: _____