

CITY OF PHILADELPHIA



DEPARTMENT OF PUBLIC HEALTH  
PUBLIC HEALTH LABORATORY

## 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.**

The Philadelphia Public Health Laboratory usually does not have direct contact with you. We receive your specimen, or sample, for laboratory testing from your doctor or other health care professional and provide the laboratory results to that health care professional.

We<sup>1</sup> are required by law to protect the privacy of your health information. We also are required to send you this Notice, which explains how we may use information about you and when we can give it out or “disclose” it to others. You also have rights regarding your health information that are described in this Notice. We are required by law to follow the terms of this Notice.

The term “information” or “health information” in this Notice includes any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

### **HOW DO WE USE OR DISCLOSE YOUR HEALTH INFORMATION?**

We may use and disclose your health information without your permission for your treatment, to get paid for your health care, and to operate our business as follows:

- **For Treatment:** We may use and disclose your health information for your treatment. For example, we may send your test results back to your doctor who may use the results to treat you or for follow-up care.
- **For Payment:** We may use and disclose your health information to get paid for the laboratory tests we perform on your blood, fluids, or other samples, to determine your health insurance coverage, and to process claims for health care services you receive, including coordination with other benefits you may have. For example, in order to collect payment for the testing we perform, we may send a monthly report to the requesting health

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<sup>1</sup> For purposes of this Notice of Privacy Practices, “we” or “us” refers to the Philadelphia Public Health Laboratory (PHL).

center or clinic that includes your name, the name of the test performed, and the cost of the test.

- **For Health Care Operations:** We may use and disclose your health information for certain internal business activities. For example, we may review laboratory records to evaluate the skills, qualifications and performance of laboratory staff.

We also may use or disclose your health information, in most cases without your permission<sup>2</sup>, for the following purposes:

- **Required by Law:** We may use or disclose your health information when and to the extent we are required by law to do so.
- **Business Associates:** Sometimes we arrange with individuals and businesses that are not part of PHL to perform certain functions on our behalf. These individuals and businesses (referred to as our “business associates”) are required to sign a contract with us to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our written agreement with them.
- **Public Health Purposes:** We may disclose your health information for public health purposes to a public health authority that is legally authorized to collect or receive your health information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to the reporting of disease, the conduct of public health surveillance and public health investigations.
- **Specialized Government Functions:** We may disclose your health information requested by the federal government for specialized functions such as national security and intelligence activities, protective services for the President and others, and military and veteran activities.
- **Correctional Institutions:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information as necessary (1) for the institution to provide you with health care, (2) to protect the health and safety of you and others, or (3) for the safety and security of the correctional institution.
- **Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law such as audits, investigations, licensing, and inspections. These activities are needed for the government to oversee the healthcare system.
- **Judicial and Administrative Proceedings:** We may disclose your health information in response to a court order, subpoena, or administrative request.
- **Law Enforcement:** In certain circumstances, we may disclose your health information to law enforcement officials in response to a court order, subpoena, warrant, or similar

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<sup>2</sup> **Special Protections for Sensitive Information:** Federal and Pennsylvania laws require special privacy protections for certain sensitive information about you. Generally, we are required to get your written permission to release any alcohol or drug abuse treatment information relating to you or information that would show that you have HIV or AIDS.

process. We may also disclose limited health information to law enforcement to identify or locate a suspect, fugitive, witness, or victim of a crime or to report a crime on our premises.

- **Research:** We may use or disclose your health information for research purposes without your permission only after a special approval process that protects patient safety and confidentiality or if information that may directly identify you is removed. We also may allow researchers to look at records in our offices to help develop their research project or for related purposes, as long as the researchers do not remove the records from our offices or copy any health information.
- **Food and Drug Administration (FDA):** We may disclose your health information to the FDA about problems with food, supplements, product and product defects, or post marketing surveillance information so that the FDA may call for product recalls, repairs, or replacements.
- **Coroners, Funeral Directors and Organ Donation:** We may disclose your information to a coroner or medical examiner for identification purposes, cause of death determinations, organ donation, and related reasons. We also may disclose information to funeral directors as needed to carry out their duties.
- **Reports:** If an employee or business associate believes in good faith that we engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially hurting individuals, workers, or the public, we may give your health information to an appropriate health oversight agency, public health authority, or attorney.
- **Breach Notification:** We may use your contact information and other health information to investigate and provide you or government authorities with notice of an unauthorized acquisition, use, or disclosure of or possible access to your health information.
- **Disaster Relief:** If it is an emergency and we determine that it is in your best interest, we may disclose your health information without your written permission to legally authorized disaster relief agencies to coordinate with such agencies during an emergency or disaster.

### **Uses and Disclosures That Require Your Written Permission:**

In any situation not described above, we will not use or disclose any of your health information unless you sign a written authorization that gives us permission to do so. If you sign an authorization and later change your mind, you can let us know in writing. This will stop any future uses and disclosures of your information but will not require us to take back any information we already disclosed.

We will not use or disclose your health information for marketing purposes or sell your health information without your authorization.

### **WHAT ARE YOUR RIGHTS?**

You have the following rights, subject to certain limitations, regarding your health information:

- You have the right to inspect and request a copy of medical and billing records maintained by us to make decisions about you. On rare occasions, we may deny your request to view or receive a copy of some information in the record. You will be charged a fee for the cost of copying, mailing, or other supplies associated with your request, in accordance with Pennsylvania law.
- If you think some of the information we have in your record is wrong or incomplete, you have the right to ask us in writing to correct or add new information. In certain cases, we may deny your request to add or correct information. If we deny your request, we will give you a written explanation of why we denied your request and explain what you can do if you disagree with our decision.
- You have the right to ask us to restrict how we use or disclose your health information. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We are required to honor your request to limit disclosures to your health plan for purposes of payment or healthcare operations when you have paid us out-of-pocket and in full for the item or service covered by the request and when the disclosures are not otherwise required by law.
- You have the right to request an “accounting of disclosures”. This is a list of persons or organizations to which we have disclosed your health information for certain purposes. Your request may cover any disclosures made in the six years before the date of your request. You can receive one free accounting in any 12-month period. We will charge you for any additional requests.
- You have the right to request that we communicate with you in certain ways or at a certain location. For example, you may ask that we only contact you in writing at your home address. Your request must be in writing and specify how or where you wish to be contacted. We will accommodate reasonable requests. Because we receive your specimens from and provide your laboratory results to your health care professional, we do not usually contact you directly. However, we may need to reach you to respond to a request from you.
- You have the right to receive notice, as required under federal regulation, of an unauthorized access, use, or disclosure of your health information. “Unauthorized” means that the access, use, or disclosure was not authorized by you or permitted by law without your authorization.
- You have the right to receive a paper copy of this Notice upon request.

## **EXERCISING YOUR RIGHTS**

**Contacting PHL:** If you have any questions about this Notice, please contact:

Public Health Laboratory HIPAA Privacy Officer  
 City of Philadelphia – Department of Public Health  
 500 South Broad Street, 3rd Floor  
 Philadelphia, PA 19146  
 Phone: (215) 685-6812

**Submitting a written request:** If you want to exercise any of your rights listed above, mail your written requests to the following address:

Public Health Laboratory HIPAA Privacy Officer  
City of Philadelphia – Department of Public Health  
500 South Broad Street, 3rd Floor  
Philadelphia, PA 19146

**Submitting a complaint:** If you believe that your privacy rights have been violated, you may submit a complaint with the City by contacting the City-wide HIPAA Privacy Officer. The City-wide HIPAA Privacy Officer may be reached at:

City-wide HIPAA Privacy Officer  
City of Philadelphia Law Department  
1515 Arch Street, 17<sup>th</sup> Floor  
Philadelphia, PA 19102  
Phone: (215) 683-5237

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services at the following address:

U.S. Department of Health & Human Services Region III  
Office for Civil Rights  
150 S. Independence Mall West, Suite 372  
Philadelphia, PA 19106-9111

It is safe to file a complaint. No one may hold it against you.

**Effective Date and Changes to This Notice:**

This Notice is effective on September 25, 2014.

We have the right to change our privacy practices and the terms of this Notice at any time. We reserve the right to apply any changes in our Notice to information we already have and to information that we receive in the future. If we make a change to our Notice, we will post the revised Notice online at [www.phila.gov](http://www.phila.gov). You also may obtain a revised Notice by contacting the PHL HIPAA Privacy Officer.