



# NOTICE OF PRIVACY PRACTICES SUMMARY

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FNA clinic of PathCare Diagnostic Inc. is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), generally specific information that may reveal your identity. In addition, we must provide you with a notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of the version of this notice currently in effect (April 14, 2003).

### ***USES AND DISCLOSURES OF PHI***

You will be asked to sign a “general consent” authorizing our use and disclosure of you PHI for the purposes of treatment, payment, and health care operations.

1. **Treatment:** This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors, or medical facilities who give orders to allow us to provide our service to you. We may also give your PHI to other health care providers involved in your treatment, and may transfer your PHI via paper, mail, secured facsimile, electronically or other methods.
2. **Payment:** This includes any activity we must undertake in order to be reimbursed fro services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.
3. **Health Care Operations:** This includes quality assurance activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

### ***YOUR RIGHTS***

In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your PHI that we have made. If you believe your health information is incorrect or missing, you have the right to request that we correct the existing information and/or add the missing information.

### ***PRIVACY COMPLAINTS***

If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we have made about your access to your health care information, you may contact our manager by calling 951-808-8863, or in writing at the above address.

### ***ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES***

BY SIGNING BELOW YOU ACKNOWLEDGE RECEIPT OF YOUR COPY OF THIS SUMMARY AND A COPY OF THE COMPLETE NOTICE OF PRIVACY PRACTICES.

Patient Signature

Print Name

Date

Original – Patient Chart Copy - Patient