

SEPA Labs	Policy & Procedure HIPAA / PRIVACY NOTICE OF PRIVACY PRACTICES	FUNCTION
		NUMBER
		PRIOR ISSUE
		EFFECTIVE DATE
		1c January 1, 2014

PURPOSE

To ensure that a *Notice of Privacy Practices* is available to each interested patient or his/her personal representative upon laboratory testing by SEPA Labs.

POLICY

SEPA Labs’s policy is to make available a *Notice of Privacy Practices* (“*Notice*”) to each patient upon request.

(See sample *Notice* and *Acknowledgement* forms following this Policy.)

The *Notice* shall include all elements and statements that are required by law. The *Notice* shall inform the patients of:

- Uses and disclosures of Protected Health Information (“PHI”) that may be made by SEPA Labs;
- The patient’s rights with respect to his PHI; and
- SEPA Labs’s legal duties with respect to such PHI.

PROCEDURE

1. The *Notice* and *Acknowledgement* forms will be included on the company website.
2. SEPA Labs Staff will provide the *Notice* to the patient at the time of request.
3. SEPA Labs will post a copy of the *Notice* in a clear and prominent location such as the entrance lobby or similar location.
4. A current version of the *Notice* will be maintained on the SEPA Labs website.
5. Whenever the *Notice* is revised, SEPA Labs Privacy Official will assure that:
 - a. The revised *Notice* is made available upon request on or after the effective date of the revision; and
 - b. The revised *Notice* is posted in a clear and prominent location.
6. Material changes shall not be implemented prior to the effective date of the revised *Notice*.
7. A copy of each *Notice* issued by SEPA Labs will be maintained for at least six years from the date it was last in effect.
8. Any member of the workforce who has knowledge of a violation or potential violation of this Policy must make a report directly to the SEPA Labs Privacy Official, their supervisor / manager, or to senior management. (See the Policy “Sanctions.”)

NOTICE OF PRIVACY PRACTICES (ATTACHED)

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

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SAMPLE

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____ Medical Record No. _____

Address: _____

Facility Name: _____

I have been given a copy of SEPA Labs' *Notice of Privacy Practices* ("Notice"), which describes how my health information is used and shared. I understand that SEPA Labs has the right to change this *Notice* at any time. I may obtain a current copy by contacting SEPA Labs Privacy Official, or by visiting the SEPA Labs web site at www.sepalabs.com.

My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:

Signature of Patient or Personal Representative

Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

For SEPA Labs Use Only: Complete this section if you are unable to obtain a signature.

1. If the patient or personal representative is unable or unwilling to sign this *Acknowledgement*, or the *Acknowledgement* is not signed for any other reason, state the reason:

2. Describe the steps taken to obtain the patient's (or personal representative's) signature on the *Acknowledgement*:

Completed by:

Signature of SEPA Labs Representative

Date

Print Name

File original in patient's Business Office Record.

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