



~ OPRA ~

Online Patient Results Access

Registration Form and Agreement

The purpose of the OPRA system is to provide our clients with secure and convenient access to patient results. In order to maintain security, login to the system is required. A user name will be assigned to each clinician/provider upon receipt of this signed agreement. All system use is logged by user name. Clinicians may share login information, at their discretion, with delegated healthcare providers acting on their behalf.

Name: _____ Clinic Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Physician Email Alerts

I wish to receive an email message alert when new patient results are available.

Email Address: _____

I wish to receive a text message on my cell phone or pager when new patient results are available.

Cell Phone/Pager Email Address: _____

I DO NOT wish to receive email alerts.

I agree by signing below that I will use the OPRA system only as needed to assist in the care and treatment of patients, whom I have referred for consultation at Lower Columbia Pathologists, Lower Columbia Nuclear Medicine & PET Imaging, or Northwest Medical Analytic Laboratory. I have received a copy of Lower Columbia Pathologists' privacy policy and understand that I will have access to patient information that is to remain strictly confidential in accordance with federal and state privacy laws, including the Healthcare Information Portability Accountability Act. I will respect and preserve the privacy, security, and confidentiality of the information provided through the OPRA system.

I understand that one user account and password will be assigned to me. I will be solely responsible for maintaining the security and privacy of all protected health information accessed by myself or any delegated healthcare provider acting on my behalf. I will immediately inform Lower Columbia Pathologists of any breach or potential breach related to the OPRA reporting system.

Signature

Date

For Internal Use:

Login Name: _____ Temp Password: _____ Notified by: Phone Email Mail Courier

Clinician Number: _____ User entry date: _____ Entered by: _____

NOTICE OF PRIVACY PRACTICES
Effective Date: April 13, 2003
LOWER COLUMBIA PATHOLOGISTS, PS

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. If you have any questions about this Notice, please contact Lower Columbia Pathologists.

THE PURPOSE OF THIS NOTICE - This Notice will tell you about the ways in which Lower Columbia Pathologists protects, uses and discloses your Protected Health Information ("PHI"). This Notice also describes your rights and certain obligations we have regarding the use and disclosure of PHI. PHI means any information, transmitted or maintained in any form or medium, which Lower Columbia Pathologists creates or receives that relates to your physical or mental health, the delivery of health care services to you or payment for health care services and that identifies you or could be used to identify you.

WHO IS COVERED BY THIS NOTICE - This Notice of Privacy Practices (the "Notice") describes the privacy practices of Lower Columbia Pathologists and any of Lower Columbia Pathologists' employees and agents who are authorized to have access to your PHI.

YOUR PHI AT LOWER COLUMBIA PATHOLOGISTS - We maintain your PHI in a record we create of the care and services you receive from Lower Columbia Pathologists. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of those records of your care created, received or maintained by Lower Columbia Pathologists. Your personal physician or other health care provider may have different policies or notices regarding his or her use and disclosure of your PHI created in the physician's or health care provider's office or clinic.

OUR PLEDGE REGARDING PHI - We understand that information about you and your health is personal. We are committed to protecting the confidentiality of your PHI.

OUR OBLIGATIONS AS TO PHI - We are required by law to: 1) Make sure that your PHI is kept private; 2) Give you this Notice of our legal duties and privacy practices with respect to your PHI; and 3) Comply with the currently effective terms of this Notice.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU - The following categories describe different ways that we use and disclose your PHI.

- **Use for Treatment, Payment, or Health Care Operations** - We are permitted to use and disclose your PHI: 1) To treat you by providing health care and related services; 2) To be paid or request payment for our services; and 3) To conduct health care operations. This section of this Notice discusses each of these types of uses and disclosures of PHI.
 - **For Treatment** - We may use PHI about you to provide you with health care treatment or services. For example, we may use your PHI to diagnose or treat you for a particular condition. We may disclose PHI about you to Lower Columbia Pathologists' personnel, as well as to doctors, nurses, hospitals, clinics, or other health care providers who are involved in your care. For example, another doctor treating you for a particular medical condition may need to know how we have treated one or more of your health care conditions, the medications we prescribed or similar information. Lower Columbia Pathologists may also share PHI about you in order to coordinate health care services and items that you may need.
 - **For Payment** - We may use and disclose PHI about you so that the services and items that you received from Lower Columbia Pathologists may be billed to and payment may be collected from you, an insurance company, or a third party payor. For example, we may need to give your health plan information about the services or items that you received so that your health plan will pay us or reimburse you for the services or items.
 - **For Health Care Operations** - We may use and disclose PHI about you for health care operations. These uses and disclosures are necessary to make sure you receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in providing services to you. We may also disclose information to doctors, nurses, hospitals, clinics, and other health care providers, for review and learning purposes. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning the names of the specific patients.
- **Other Uses and Disclosures of PHI** - Listed below are a number of other ways that Lower Columbia Pathologists is permitted or required to use or disclose PHI. This list is not exhaustive. Therefore, not every use or disclosure in a category is listed.
 - **Appointment Reminders** - We may use and disclose PHI to contact you as a reminder that you have an appointment with Lower Columbia Pathologists.
 - **Individuals Involved in Your Care or Payment for Your Care** - We may release PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose PHI about you to an entity assisting in an emergency so that your family can be notified about your condition, status and location.
 - **As Required By Law** - We will disclose PHI about you when required to do so by federal, state, or local law.
 - **Public Health Risks** - We may disclose PHI about you for public health activities. These activities generally include the following: 1) To prevent or control disease, injury or disability; 2) To report births and deaths; 3) To report child abuse or neglect; 4) To report reactions to medications or problems with products; 5) To notify people of recalls of products they may be using; 6) To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and 7) To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
 - **Health Oversight Activities** - We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
 - **Lawsuits and Disputes** - If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
 - **Law Enforcement** - We may release PHI if asked to do so by a law enforcement official: 1) In response to a court order, subpoena, warrant, summons or similar process; 2) To identify or locate a suspect, fugitive, material witness, or missing person; 3) About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; 4) About a death we believe may be the result of criminal conduct; 5) About criminal conduct; and 6) In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
 - **Coroners and Medical Examiners** - We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
 - **Organ and Tissue Donation** - If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
 - **Research** - Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may concern the results of certain types of treatments and correlation of these results with patient outcomes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patient's need for privacy of their PHI.

- **To Avert a Serious Threat to Health or Safety** – We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat (i.e., Department of Health).
- **Military and Veterans** – If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities** – We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others** – We may disclose medical information about you to authorized federal officials as they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: 1) For the institution to provide you with health care; 2) To protect your health and safety of others; or 3) For the safety of the correctional institution.
- **Health-Related Benefits and Services** - We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Workers' Compensation** – We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Other uses and disclosures will be made only upon your written authorization. You have the right to revoke such authorization, in writing, except where we have previously taken action in reliance on your prior authorization or if the authorization was a condition to obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU – You have the following rights with respect to your PHI:

- **Right to Inspect and Copy** – You have the right to inspect and copy your PHI that may be used to make decisions about your care. Generally, this information includes medical and billing records, but does not include: 1) psychotherapy notes; 2) information prepared in anticipation of or for use in, a civil, criminal, or administrative action; and 3) PHI maintained by a covered entity that is a) subject to the Clinical Laboratory Improvements Amendments (“CLIA”) of 1988, 42 USC 263a, if access to the individual would be prohibited by law, or b) exempt from CLIA pursuant to 42 CFR 493.3(a)(2). To inspect and copy your PHI maintained by Lower Columbia Pathologists, you must submit your request in writing to Lower Columbia Pathologists, PO Box 3012, Longview, WA 98632. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to medical information, you will receive a written denial. You may request that the denial be reviewed. Thereafter, another licensed health care professional chosen by Lower Columbia Pathologists will review your request and the denial. The person conducting the review will not be the person who originally denied your request. We will comply with the outcome of the review.
- **Right to Amend** – If you believe that the PHI we have about you is inaccurate or incomplete, you may ask us to amend the information. You have the right to request an amendment for so long as the information is kept by or for Lower Columbia Pathologists. To request an amendment to your PHI, your request must be made in writing and submitted to Lower Columbia Pathologists, PO Box 3012, Longview, WA 98632. In addition, you must provide a reason that supports your request. We will generally make a decision regarding your request for amendment no later than 60 days after receipt of your request. However, if we are unable to act on the request within this time, we may extend the time for 30 more days but we will provide you with a written notice of the reason for the delay and the approximate time for completion. If we deny your requested amendment, we will provide you with a written denial. We have the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. We are not required to agree to your request if you ask us to amend PHI that: 1) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; 2) Is not part of the PHI kept by or for Lower Columbia Pathologists; 3) Is not part of the PHI which you would be permitted to inspect and copy; or 4) Is already accurate and complete.
- **Right to an Accounting of Disclosures** – You have the right to request an “accounting of disclosures”. This is a list of the disclosures of your PHI we have made about you. We do not have to list certain disclosures such as those made for the purposes of treatment, payment, or health care operations, pursuant to a prior authorization by you or for certain law enforcement purposes. To request this list or accounting of disclosures, your request must be submitted in writing to Lower Columbia Pathologists, PO Box 3012, Longview, WA 98632. Your request must also state a time period, which may not be longer than six (6) years and may not include dates before April 13, 2003. Your request should also specify the format of the list you prefer (i.e. on paper or electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restriction of Uses and Disclosures** – You have the right to request that we restrict the uses and disclosures of PHI about you to carry out treatment, payment or health care operations and/or to individuals involved in your care. We cannot restrict disclosures required by law or requested by the federal government to determine if we are meeting our privacy protection obligations. *We are not required to agree to your request*; however, if we do agree, we will comply with your request unless the information is needed to provide you emergency medical treatment. To request restrictions, you must make your request in writing to Lower Columbia Pathologists, PO Box 3012, Longview, WA 98632. Your request must specify: 1) what PHI you want to limit; 2) whether you want to limit our use, disclosure or both; and to whom you want the limits to apply (i.e. disclosures to your spouse). We may terminate our agreement to the restriction if you orally agree to the termination and it is documented, you request the termination in writing, or we inform you that we are terminating our agreement with respect to any information created or received with receipt of our notice.
- **Right to Request Confidential Communication** – You also have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Lower Columbia Pathologists, PO Box 3012, Longview, WA 98632. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Receive Notice Electronically** – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site at www.lcpath.com. To obtain a paper copy of this notice, please call Lower Columbia Pathologists at 360-425-5620 or write to Lower Columbia Pathologists, PO Box 3012, Longview, WA 98632.

CHANGES TO THIS NOTICE – We reserve the right to change our privacy practices that are described in this Notice. We reserve the right to make the revised or changed privacy practices applicable to PHI we already have about you as well as any information we receive in the future. A copy of our current notice will be posted in our office(s). Prior to a material change to the uses or disclosures, your rights, our legal duties, or other privacy practices stated in this notice, we will revise this notice and make the revised version of the notice available upon request. We will also post the notice, as revised, in our office(s). The notice will contain an effective date on the first page.

COMPLAINTS – If you believe your privacy rights have been violated, you may file a complaint with Lower Columbia Pathologists or the Secretary of the Department of Health and Human Services. To file a complaint with Lower Columbia Pathologists, contact the HIPAA compliance officer at 360-425-5620. All complaints must be submitted in writing. *You will not be penalized or retaliated against for filing a complaint.*

OTHER USES OF MEDICAL INFORMATION – Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written consent. If you provide us permission to use or disclose PHI about you, you may revoke that consent, in writing, at any time. If you revoke your consent, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your consent, and that we are required to retain our records of the care that we provided to you.