

# 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.

Labs on Demand, LLC (Labs on Demand) is committed to protecting the privacy of your identifiable health information. This information is known as “protected health information” or “PHI.” Examples of documents that may contain your PHI include laboratory test orders, test results and invoices.

## **Our Responsibilities**

Labs On Demand is required by law to maintain the privacy of your PHI. We are also required to provide you with this Notice of our legal duties and privacy practices upon request. It describes our legal duties, privacy practices and your patient rights as determined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are required to follow the terms of this Notice currently in effect. We are required to notify affected individuals in the event of a breach involving PHI that is unsecured. PHI is stored electronically and is subject to electronic disclosure. This Notice does not apply to certain services that we perform, such as some drugs of abuse testing services and insurance applicant services.

## **How We May Use or Disclose Your Health Information**

We use your PHI for treatment, payment, or healthcare operations purposes and for other purposes permitted or required by law. Not every use or disclosure is listed in this Notice, but all of our uses or disclosures of your PHI will fall into one of the categories listed below.

We need your authorization to use or disclose your PHI for any purpose not covered by one of the categories below. With limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes or sell your PHI unless you have signed an authorization. You may revoke any authorization you sign at any time. If you revoke your authorization, we will no longer use or disclose your PHI except to the extent we have already taken action based on your authorization.

We may use and disclose your PHI for the following purposes:

### **Treatment**

Labs on Demand provides laboratory testing services. We disclose your PHI to authorized healthcare professionals who order tests or need access to your test results for treatment purposes. We may use and disclose PHI to contact you to remind you of an appointment or to tell you about our health-related products and services that may be of interest to you. Examples of other treatment-related purposes include disclosure to a pathologist to help interpret your test results or use of your PHI to contact you to obtain another specimen, if necessary.

## **Payment**

Labs on Demand may use and disclose your PHI for purposes of billing and payment. For example, we may disclose your PHI to health plans or other payers to determine whether you are enrolled with the payer or eligible for health benefits or to obtain payment for our services. If you are insured under another person's health insurance policy (for example, parent, spouse, domestic partner or a former spouse), we may also send invoices to the subscriber whose policy covers your health services.

## **Healthcare Operations**

Labs on Demand may use and disclose your PHI for activities necessary to support our healthcare operations. This includes functions such as performing quality checks on our testing, internal audits, arranging for legal services or developing reference ranges for our tests. It also includes, for example, the sale, transfer, merger, or consolidation of all or part of Labs on Demand with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to the transaction(s).

## **Business Associates**

We may provide your PHI to other companies or individuals that need it to provide services to us. These other entities, known as "business associates," are required to maintain the privacy and security of PHI. For example, our business associates may use your PHI to conduct billing, collections, imaging, courier, or record storage services on our behalf.

## **Individuals Involved in Your Care**

We may disclose relevant PHI to a family member, friend, caregiver or other individual involved in your healthcare or payment for your healthcare, if you tell us that this is acceptable to you or you do not object; or if in our professional judgment, we believe that you do not object.

## **As Required by Law**

We may use and disclose your PHI as required by law.

### **Law Enforcement Activities and Legal Proceedings**

We may use and disclose your PHI if necessary to prevent or lessen a serious threat to your health and safety or that of another person. We may also provide PHI to law enforcement officials, for example, in response to a warrant, investigative demand or similar legal process, or for officials to identify or locate a suspect, fugitive, material witness, or missing person. We may disclose your PHI as required to comply with a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request or other legal process in the course of a judicial or administrative proceeding, but only if efforts have been made to tell you about the request or to obtain an order of protection for the requested information.

### **Research**

We may use or disclose PHI for research purposes when permitted by law, such as when an Institutional Review Board or privacy board has reviewed the research proposal and plans to ensure the privacy of your PHI and determined that your authorization is not required. We may also use or disclose PHI about deceased patients to researchers if certain requirements are met. We may use and disclose a limited data set containing some of your PHI for research purposes. However, we will only disclose a limited data set if we enter into a data use agreement with the recipient. The limited data set does not contain any information that can directly identify you.

### **De-identified Information**

We may use your PHI to create “de-identified” information, which means that we remove information that can be used to identify you. There are specific rules under the law about what type of information needs to be removed before information is considered de-identified. Once information has been de-identified as required by law, it is no longer PHI and we may use it for any lawful purpose.

### **Other Uses and Disclosures**

As permitted by HIPAA, we may disclose your PHI to:

- Social Services Agencies
- Public Health Authorities
- The Food and Drug Administration
- Health Oversight Agencies
- Military Command Authorities

- National Security and Intelligence Organizations
- Correctional Institutions
- Organ and Tissue Donation Organizations
- Coroners, Medical Examiners and Funeral Directors
- Workers Compensation Agents

We may also disclose PHI to those assisting in disaster relief efforts so that family or friends can be notified about your condition, status and location.

### **Incidental Uses and Disclosures**

Sometimes, your PHI may be used or disclosed in the course of our primary uses and disclosures, such as for treatment, payment or healthcare operations. For example, we may use your name in a telephone conversation with a provider. We are permitted to make such incidental uses and disclosures as long as we take reasonable steps to minimize them, and have in place appropriate safeguards to protect them.

### **Note Regarding State Law**

For all of the above purposes, when state law is more restrictive than federal law, we are required to follow the more restrictive state law.

### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

- **Inspect and Obtain a Copy of Your PHI.** You have the right to see or obtain an electronic or paper copy of the PHI that we maintain about you (**right to request access**). Some clarifications about your access rights:
  - we may require you to make access requests in writing;
  - we may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request;
  - you may request that we provide a copy of your PHI to a family member, another person, or a designated entity. We require that you submit these requests in writing with your signature.

We may deny your request for access in certain limited circumstances. However, if we deny your access request, we will provide a written denial with the basis for our decision.

If your request for test information is denied, you may request that the denial be reviewed.

### **Amend Health Information**

You may request amendments (changes) to your PHI by making a written request. However, we may deny the request in some cases (such as if we determine the PHI is accurate). If we deny your request to change your PHI, we will provide you with a written explanation of the reason for the denial and let you know about further actions you may take.

### **Accounting of Disclosures**

You have the right to receive a list of certain disclosures of your PHI made by Labs on Demand in the past six years from the date of your written request. Under the law, this does not include disclosures made for treatment, payment, or healthcare operations or certain other purposes.

### **Request Restrictions**

You may request that we agree to restrictions on certain uses and disclosures of your PHI. We are not required to agree to your request, except for requests to limit disclosures to your health plan for purposes of payment or healthcare operations when you have paid us for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law.

### **Request Confidential Communications**

You have the right to request that we send your health information by alternative means or to an alternative address, and we will accommodate reasonable requests.

### **Copy of this Notice**

You have the right to obtain a paper copy of this Notice upon request.

### **How to Exercise Your Rights**

You may write or send an email to us with your specific request. Please refer to the Contact Information below. Labs on Demand will consider your request and provide you a response.

### **Complaints/Questions/Contact Information**

If you believe your privacy rights have been violated, you have the right to file a complaint with us. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. Labs on Demand will not retaliate against any individual for filing a

complaint. To file a complaint with us, or should you have any questions about this Notice, send an email to us [contact@labsondemandtucson.com](mailto:contact@labsondemandtucson.com)

### **Note**

We reserve the right to amend the terms of this Notice to reflect changes in our privacy practices, and to make the new terms and practices applicable to all PHI that we maintain about you, including PHI created or received prior to the effective date of the Notice revision. Our Notice is displayed on our website and a copy is available upon request.

## **Non-Discrimination Notice**

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Labs on Demand does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

If you believe that Labs on Demand has discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available

at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TDD)

### **Acknowledgment of Receipt**

I, \_\_\_\_\_ (individual's name), acknowledge that on \_\_\_\_\_ (date), I received a copy of Labs On Demand's Notice of Privacy Practices and that I read and understood it.

I understand that:

- I have certain rights to privacy regarding my PHI.
- Labs On Demand can and will use my PHI for purposes of my treatment, payment, and health care operations.
- The Notice explains in more detail how Labs On Demand may use and share my PHI for other purposes.
- I have the rights regarding my PHI listed in the Notice.
- Labs On Demand has the right to change the Notice from time to time and I can obtain a current copy of the Notice by contacting [contact@labsondemandtucson.com](mailto:contact@labsondemandtucson.com)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Good Faith Effort to Obtain Acknowledgement Form**

Name of [Patient]: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I attempted to obtain the patient's or the patient's representative's signature on the HIPAA Notice of Privacy Practices Acknowledgment Form, but was unable to do so as documented below:

Reason: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_