

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.

Uses and Disclosures of Health Information

At Health Network Laboratories (HNL), we may use and disclose health information about you for treatment purposes, to obtain payment for services and for operational purposes. Treatment means the provision, coordination, or management of health care and related services, including consultations and referrals among health care providers. HNL may provide laboratory testing-related information to your physician(s). Payment generally means obtaining reimbursement for the provision of health care services. Payment also includes, but is not limited to: determinations of eligibility with your insurer or insurance coverage; risk adjustment; billing; claims management; collection activities; and utilization review activities. HNL may provide health information to your insurance company in order to receive reimbursement for services. Operational purposes means activities that are necessary for HNL's operations. These activities include, but are not limited to: quality assessment; credentialing; underwriting; legal services; and business planning and development, as well as general administrative activities. HNL may use patient demographic information to understand our covered service area.

HNL may use or disclose identifiable information about you without your authorization or permission for several other reasons. These reasons include:

- ◆ To a family member, other relative, or a close personal friend or for disaster relief. HNL may disclose to a family member, other relative, or a close personal friend, or any other person you identify, such health information directly relevant to the person's involvement with your care or payment of care. HNL will attempt to obtain your agreement to such use or disclosure, if possible. If agreement is not possible due to incapacity or an emergency circumstance, HNL will exercise its professional judgment in disclosing health information that is directly relevant to the person's involvement with your health care.
- ◆ As required by law. A federal, state or local law may require HNL to use or disclose your health information.
- ◆ For public health activities. HNL may disclose your health information to a public health authority or for public health activities, such as notifying a person about exposure to a communicable disease, or participating in a public health investigation.
- ◆ For health oversight activities. HNL may disclose your health information to a government agency that oversees the health care system.
- ◆ For judicial and administrative proceedings. HNL may disclose your health information pursuant to a court order, subpoena, discovery request or other legal process.
- ◆ To law enforcement. HNL may disclose your health information to law enforcement under limited circumstances, such as to comply with a court order, search warrant, or administrative request.
- ◆ To coroners and medical examiners. HNL may disclose your health information to a coroner or medical examiner for the purposes of identification, determining a cause of death, or other duties as authorized by law.
- ◆ For organ, eye or tissue donation. HNL may disclose your health information to an organ procurement organization or other entities engaged in procurement in order to facilitate procurement.
- ◆ For research purposes. HNL may disclose your health information to a researcher provided the researcher has met certain conditions.
- ◆ To avert a serious threat to health or safety. HNL may use or disclose your health information if it, in good faith, believes that such information is necessary to avert a serious and imminent threat to the health or safety of a person or the public or to identify or apprehend a suspect.
- ◆ For specialized government functions. Your health information may be disclosed for military, national security, intelligence, or correctional or custodial activities.
- ◆ For workers' compensation. HNL may disclose health information regarding work-related injuries in compliance with workers' compensation laws.

In other situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you chose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

HNL may change our policies at any time and make the new policies effective for all information we maintain. Before we make any significant change in our policies, we will change our notice and post the new notice in the waiting area of all our Patient Service Centers. You can request a copy of our notice at any time. For more information about our privacy practices, contact the HNL representative listed below.

Individual Rights

You have the right to request that HNL restrict the manner in which we communicate health information to you. Your request must be in writing, and HNL will accommodate any reasonable request to provide health information by alternative means or at alternative locations. Please forward your written request to the HNL representative listed below.

With few limitations, you have the right to look at and/or get a copy of your health information that HNL has on file. This request must be in writing. If you request copies, we may charge you a per page fee to cover costs. If we deny you access to requested information, you may appeal the denial in certain circumstances. If you believe that information in your record is incorrect or incomplete, you have the right to request that we correct, or add to, the existing information. This request must be made in writing and be supported by a reason. We have the right to deny the request. Please forward your written request to access or amend information to the HNL representative listed below.

You have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes during the previous six (6) years. This request must also be made in writing. HNL is not required to account for disclosures made before HIPAA's effective date. We reserve the right to charge for multiple requests for disclosure to cover costs incurred.

You have the right to request in writing that we not use or disclose your information for treatment, payment or operational purposes, or to family, friends and individuals involved in your care. We will consider your request but are not legally required to accept it.

You have the right to obtain a paper copy of this notice, if you received it electronically. Please submit your request in writing to the HNL representative listed below.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the HNL representative listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The HNL representative listed below can provide you with the appropriate address upon request. You will not be penalized for filing a complaint.

Our Legal Duty

HNL is required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices of this notice.

If you have any questions or complaints, please contact:

Brandy Frey, Chief Compliance Officer
HNL Lab Medicine
794 Roble Road, Allentown, PA 18109
Phone: 877-402-4221