



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU CAN BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Labtech Diagnostics, LLC and its wholly owned subsidiaries (collectively "Labtech") are committed to protecting the privacy of your PHI. This includes laboratory test orders and test results as well as invoices for the healthcare services we provide. Should you have any questions about this Notice or our privacy practices, please contact us at 864-760-0039, or send email to [billing@labtechdiagnostic.net](mailto:billing@labtechdiagnostic.net), or write to the following address:

Labtech Diagnostics  
Attention: Privacy Officer  
1502 East Greenville Street  
Anderson, SC 29621

### OUR RESPONSIBILITIES

Labtech Diagnostics, LLC is required by law to maintain the privacy of your PHI. We are also required to provide you with this Notice upon request. It describes our legal duties, privacy practices and your patient rights as determined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. We follow the terms of this Notice. This Notice does not apply to non-diagnostic service that we perform such as certain drugs of abuse testing services and clinical trials testing 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 the Notice, but all of our uses or disclosures of your health information will fall into one of the categories listed below.

We need your written authorization to use or disclose your health information for any purpose not covered by one of the categories below. Any authorization you provide may be revoked at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons stated in your authorization except to the extent we have already taken action based on your authorization. The law permits us to use or disclose your health information for the following purposes:

#### TREATMENT

Labtech Diagnostics, LLC provides laboratory testing for physicians and other healthcare professionals and we use your information in our testing process. We disclose your health information to authorize healthcare professionals who order tests or need access to your test results for treatment purposes. Examples of other treatment related purposes for which we may use or disclose your health information include disclosure to a pathologist to help interpret your test results or use your information to contact you to obtain another specimen if necessary.

#### PAYMENT

Labtech Diagnostics, LLC will use your PHI as part of our billing process and may send it to insurance companies or other appropriate parties, including to you, to obtain payment for our services. If you are insured under another person's health insurance policy (for example, parent, spouse, domestic partner

or former spouse), we may also send invoices to the subscriber whose policy covers your health services.

### HEALTHCARE OPERATIONS

Labtech Diagnostics, LLC may use or disclose your PHI for activities necessary to support our healthcare operations, such as performing quality checks on our testing, internal audits, or developing reference ranges for our tests.

### BUSINESS ASSOCIATES

We may provide your PHI to other companies or individuals to assist us in providing specific services to us. These other entities, known as "business associates," are required to maintain the privacy and security of PHI. Our business associates must only use your health information for the services they perform on our behalf. For example, we may provide information to companies that assist us with billing of our services. We may also use an outside collection agency to obtain payment when necessary.

### AS REQUIRED BY LAW

In certain circumstances, federal or state laws may require that we provide your health information to organizations such as:

- Public Health Authorities
- The Food and Drug Administration
- Health Oversight Agencies
- Military Command Authorities
- National Security and Intelligence Organization
- Correctional Institutions
- Organ and Tissue Donation Organizations
- Coroners, Medical Examiners and Funeral Directors
- Workers Compensation Agents

### LAW ENFORCEMENT ACTIVITIES AND LEGAL PROCEEDINGS

We may use or 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 also disclose PHI to appropriate agencies if we reasonably believe an individual to be a victim of abuse, neglect or domestic violence. We may disclose your PHI as required to comply with a court or administrative order. Finally, we may provide your PHI in response to a subpoena, discovery request or other legal process in the course of 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

Labtech Diagnostics, LLC may disclose health information for research purposes when an Institutional Review Board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your PHI and determined that the research does not need to obtain your authorization prior to using your PHI for research purposes. We may also disclose information about decedents to researchers under certain circumstances.

### 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 PATIENT RIGHTS

### RECEIVE TEST INFORMATION

You have the right to receive a copy of your PHI that we have created. However, some state laws restrict our ability to provide test results directly to you and require that you obtain test results directly from your treating provider. If your request for copy of your test information is denied, you may request that the denial be reviewed.

### AMEND HEALTH INFORMATION

You may request change to your PHI and we will accommodate them if we can. However, we are not required to make the requested changes. If we deny your written request to change your PHI we will provide you with a written explanation of the reason for the denial and additional information regarding further actions that you may take.

### ACCOUNTING OF DISCLOSURES

You have the right to receive a list of certain disclosures of your health information made by Labtech Diagnostic, LLC in the past six years from the date of your written request. Under the law, this does not include disclosures made for purposes of treatment, payment, or healthcare operations.

### REQUEST RESTRICTIONS

You may request that we agree to restrictions on certain uses and disclosures of your health information, but we are not required to agree to your request, with the following exception. You have the right to ask us to restrict the disclosure of health information to your health plan for a service we provide to you where you have directly paid us (out of pocket, in full) for that service, in which case we must honor your request.

### REQUEST CONFIDENTIAL COMMUNICATIONS

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

### HOW TO EXERCISE YOUR RIGHTS

You may write to us at the address at the beginning of this Notice or send an email to us at [billing@labtechdiagnostics.net](mailto:billing@labtechdiagnostics.net) with your specific request. You may also contact us at 1-864-760-0039 to request a form to complete to obtain a copy of your test results. Labtech Diagnostics, LLC will consider your request and provide you with a response within a reasonable timeframe.

### COMPLAINTS

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. Labtech Diagnostic, LLC will not retaliate against any individual for filing a complaint.

To file a complaint with us; send an email to us at [billing@labtechdiagnostics.net](mailto:billing@labtechdiagnostics.net) or write to the following address:

Labtech Diagnostics, LLC  
Attention: Privacy Officer  
1502 East Greenville Street  
Anderson, SC 29621

You may also contact the Privacy Officer at 864-760-0039.

## 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.