



100 Industrial Park Dr. NW
Milledgeville, Georgia 31061
Phone (478) 414-4235

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.

Med-Lake Laboratory, LLC (referred to “Med-Lake Laboratory” in this Notice) is committed to protecting the privacy of your identifiable health information, known as protected health information (PHI). PHI includes laboratory test orders and test results as well as invoices for the healthcare services we provide. PHI is stored electronically and is subject to electronic disclosure.

Our Responsibilities

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Med-Lake Laboratory is required by law to maintain the privacy and security of your PHI, to follow the duties and privacy practices described in this notice and provide you with a copy. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Please let us know, in writing, if you change your mind.

Use and Disclosure of PHI

We typically use or share your health information for treatment, payment, or healthcare operations purposes and for other purposes permitted or required by law. Subject to compliance 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 health information for the reasons stated in your authorization except to the extent we have already taken action based on your authorization.

Treatment

We can use your health information in our testing process and share it with authorized physicians and other healthcare professionals who order tests or need access to your test results for treatment purposes. Example: Disclosure of test results to a pathologist to assist with interpreting your results.



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Payment

We can use and share your PHI to bill and get payment from health plans or other entities. For example, we disclose your PHI to health plans or other payers to determine enrollment with payer or eligibility for health benefits or to obtain payment for our services. Invoices may be sent to the subscriber whose policy covers you (for example, parent, spouse, domestic partner or former spouse).

Healthcare Operations

We can use and share your PHI for activities that are necessary to support and operate our business (such as internal audits, evaluation of laboratory testing quality). We may provide your PHI to other companies or individuals that provide service to us. For example, we may provide information to companies used to perform billing services or a collection agency to obtain payment when necessary.

To Comply with the Law

We may use and disclose information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Other Uses and Disclosures

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. Not every use or disclosure is listed in this notice, but all of Med-Lake Laboratory's uses and disclosures fall into one of the following categories.

Public Health and Safety

We can share your health information for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Disaster relief efforts

Research

We may disclose PHI for research purposes when an Institutional Review Board or privacy board has determined that your authorization does not need to be obtained prior to use. Information about decedents to researchers may be disclosed under certain circumstances.



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Organ and Tissue Donation Requests

We can share health information about you with organ procurement organizations.

Coroners, Medical Examiners, and Funeral Directors

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address Workers' Compensation, Law Enforcement, and Other Government Requests

We can use or share your health information for workers' compensation claims, law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.

Respond to Lawsuits and Legal Actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Your Rights

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

Copy of this Privacy Notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Request Confidential Communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will say yes to all reasonable requests.

Right to See and Receive Copies of Your PHI

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request.

We may charge a reasonable, cost-based fee.



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Right to Correct or Update PHI

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

We may say no to your request, but we'll tell you why in writing within 60 days.

Right to Request Limits on Uses and Disclosures

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Request a List of Shared Information

You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

File a Complaint if You Feel Your Rights are Violated

You can complain if you feel we have violated your rights by contacting us as noted in the How to Contact Us or File a Complaint section at the end of this notice. We will not retaliate against you for filing a complaint.

How to Exercise Your Rights

To exercise any of your rights described in this notice you must send a written request to Med-Lake Laboratory, 100 Industrial Park Dr. NW, Milledgeville, GA 31061.



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Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

How to Contact Us or File a Complaint

If you have questions or comments regarding Med-Lake Laboratory's Notice of Privacy Practices, or have a complaint about our use of your PHI or privacy practices, please contact: privacy@medlakelab.com or write to us at the address below.

Med-Lake Laboratory
Attention: Privacy Officer
100 Industrial Park Drive, NW
Milledgeville, GA 31061

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Changes to the Terms of this Notice

Med-Lake Laboratory reserves the right to make changes to this notice and to our privacy policies. Any changes to this notice and/or our privacy policy will be available upon request, in our office, and on our web site.

