



## 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.**

*When this Notice refers to “we” or “us,” it is referring to Med Health Services (MHS) labs and its employees. This Notice applies only to protected health information created or obtained in connection with medical care provided to you in the Laboratory. It does not apply to care provided to you in your physician’s office or in the office of any other health care provider. If you have not previously visited your physician’s office, upon your next visit you should receive that physician’s Notice of Privacy Practices as it relates to his or her own office practice. This Notice describes how we will use and disclose your health information in the laboratory. The policies outlined in this Notice apply to all of your health information generated by us in the laboratory, whether recorded in your medical record, invoices, payment forms, or other ways. Similarly, these policies apply to the health information gathered from other Organizations, by any health care professional, employee or volunteer who participates in your care.*

### **Uses and Disclosures of Your Health Information**

In some circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:

1. Uses or disclosures for purposes relating to treatment, payment, and health care operations (TPO):
  - a. Treatment. We may use or disclose your health information in order to provide you with medical treatment and services.
  - b. Payment. We may use or disclose your health information for the purpose of allowing us, as well as other entities, to bill and receive payment for the treatment and services you receive.
  - c. Health Care Operations. We may use or disclose your information for the purposes of our day-to-day operations and functions as well as assuring our patients receive quality care. We may also disclose your information to another covered entity to allow it to perform its day-to-day functions, such as a reference lab when they participate in your medical treatment
2. To allow basic contact information (no medical information is provided) to our administrative office for the purpose of reaching out with correspondence.
3. When required by law.
4. For public health purposes.
5. To disclose information about victims of abuse, neglect, or domestic violence.
6. For health oversight activities, such as audits or civil, administrative, or criminal investigations.
7. For judicial or administrative proceedings.
8. For law enforcement officials in certain limited circumstances.
9. In response to a court or administrative order, subpoena, warrant or similar process.
10. To assist coroners, medical examiners, or funeral directors with their official duties.

11. To avert a serious threat to health or safety.
12. To organizations that manage organ, eye, or tissue procurement or transplantation.
13. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes.
14. For workers' compensation purposes, as permitted by law.

### **Your Rights**

1. **To Request Restrictions.** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. We are not required to agree to your request. If we do agree to a restriction, we will abide by that restriction unless you require emergency treatment, and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact listed at the end of this Notice.

If you pay out-of-pocket for specific services, you may request that PHI about that service not be disclosed to your health plan. We will grant such requests; however, the restriction does not prevent us from disclosing the subject PHI to the health plan when the health plan needs that information to treat you.

2. **To Limit Communications.** You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. For example, you may request that we contact you only at work rather than home. To request communications via alternative locations, you must submit a written request to the Contact listed on the final page of this Notice. All reasonable requests will be granted.
3. **To Access and Copy Health Information.** You have the right to inspect and copy any health information about you other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal, or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. If your records are maintained in an electronic format, you may request a copy in electronic format, or designate that we send your records to a third party in electronic format. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Contact listed on the last page of this Notice. If you request copies, you will be charged a state-regulated fee for copying and mailing the requested information.
4. **Breach Notification.** In certain instances, you have the right to be notified in the event that we, or one of our Business Associates, discover an unauthorized use or disclosure of your health information. Notice of any such use or disclosure will be in accordance with state and federal requirements.

*Despite your general right to access your Protected Health Information, access may be denied in limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the Federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.*

In addition, access may be denied if:

- a. access to the information in question is likely to endanger the life and physical safety of you or anyone else,
  - b. the information refers to another person and your access would be likely to cause harm to that person, or
  - c. you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is denied, the reasons for that denial will be provided to you in writing.
5. **To Request Amendment.** You may request that your health information be amended. Your request may be denied if the information in question: was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend health information must be submitted in writing to the Contact listed at the end of this Notice.
6. **To obtain an Accounting of Disclosures.** You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for:
- a. disclosures made for the purpose of conducting treatment, payment, or health care operations,
  - b. disclosures made to you,
  - c. disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts,
  - d. disclosures for national security or intelligence purposes,
  - e. disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure,
  - f. disclosures that occurred prior to April 14, 2003,
  - g. disclosures made pursuant to an authorization signed by you,
  - h. disclosures that are part of a limited data set,
  - i. disclosures that are incidental to another permissible use or disclosure, or
  - j. disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact listed at the end of this Notice.
7. **Right to a Paper Copy of this Notice.** 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.

### ***Other Uses of Health Information***

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with an authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, 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 permission, and that we are required to retain our records of the care that we provided to you.

### ***Our Duties***

1. We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices.
2. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website, at our facility and will be available upon request.

*You have every right to complain to us and to the Secretary of the federal Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Contact set forth below. This Contact will also provide you with further information about our privacy policies upon request. You will not be retaliated against in any way and no action will be taken against you for filing a complaint.*

**For more information locally,  
contact: Privacy Office, MHS Labs  
200 James Place, Suite 200  
Monroeville, PA 15146  
1-800-443-2035 ext. 1372**

*MHS Labs is an equal opportunity employer and does not discriminate on any basis, including a person's age, sex, color, race, religious beliefs, national origin, disability, or lifestyle. MHS Labs also provides services without discrimination regardless of a person's age, sex, color, race, religious beliefs, national origin, disability, veteran's status, lifestyle, or source of payment.*

*Our Notice of Privacy Practices may be revised at any time.*

**Effective Date: January 1, 2022**