



# Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

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**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.**

CorePath Laboratories, PA is a provider of clinical reference laboratory testing services and information; and as such, is committed to protecting the confidentiality of laboratory test results and other personal health information that we collect, create, or disclose as a result of our testing activities.

We are required by federal law to maintain the privacy of your individually identifiable health information (known as "Protected Health Information" or "PHI") and to provide you with notice of our legal duties and privacy practices with respect to your PHI. This protection extends to any PHI whether in oral, written, or electronic format. CorePath Laboratories, PA is required by law to abide by the terms of this Notice of Privacy Practices Related to PHI (this "Notice") currently in effect. Your other health care provider(s) may have different policies regarding the use and disclosure of your PHI created by and maintained by them.

CorePath Laboratories, PA is committed to obtaining, maintaining, using, and disclosing PHI in a manner that protects patient privacy in compliance with all applicable local, state, and federal laws and regulations. We strongly urge you to read this Notice carefully and thoroughly so that you will understand both our commitment to protecting the privacy of your PHI and how you can participate in the protection of this information.

### Your PHI at CorePath Laboratories, PA.

CorePath Laboratories, PA collects your PHI to the extent necessary to provide services and to obtain payment for these services. This PHI may include your name, address, telephone number, social security number, date of birth, medical history, tests ordered, diagnosis, provider identification, financial responsibility, etc. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

### Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

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

#### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you.



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- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

## **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are 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.

## **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 consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

## **Ask us to limit what we use or share**

- 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.

## **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) 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 may charge a reasonable, cost-based fee.

## **Get a 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.

## **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 using the information on for the Privacy Officer below.
- 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **How to Exercise Your Rights or Ask Questions:**

- To exercise your rights or for any questions regarding this Notice, please contact our Privacy Officer at: CorePath Laboratories, PA, Attention: Privacy Officer, 2020 Babcock Road, Suite 30, San Antonio, TX 78229, calling (210) 617-4445.



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## Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information
- We must receive your written authorization prior to disclosing your PHI in any manner that is not set forth and described above. We do not intend to sell PHI. If we choose to use and disclose PHI for marketing purposes, your authorization is specifically required.

### **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 payment for your care
- Share information in a disaster relief situation

*Example: 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

## Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Schedule appointment reminders and treatment calls
- Work with business associates
- Comply with the FDA

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.



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*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

## **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

## **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your medical plan to coordinate payment for your laboratory testing.*

## **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

## **How else can we use or share your health information?**

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. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues**

We can share health information about you 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

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

- We will share 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.
- Federal law may require your health information to be released to an appropriate health oversight agency, public health authority or attorney, in the event that a work force member or business associate believes in good faith that CorePath Laboratories, PA has engaged in unlawful conduct or has otherwise violated professional or clinical standards and is potentially endangering one or more patients, workers or the public.



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## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

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

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- 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.

## **Appointment reminders and treatment calls**

We may contact you to provide appointment reminders or information about treatment plan, test results or other health-related benefits and services that may be of interest to you. When contacts are made via telephone, messages will be left on answering machines with practice name, physician name, and telephone number.

## **Business associates**

In some cases, we contract with business associates to provide services on its behalf. Examples include arrangements with business associates to provide billing and collection services. We may disclose your health information to such a business associate so that they can perform their respective job functions. To protect your health information, however, we require the business associate to safeguard your information; and are held to the same penalties/standards as covered entities.

## **Food and Drug Administration (FDA)**

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information and provide patients notice of legal duties and privacy practices with respect to PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, the patients' rights, the covered entity's legal duties, or other privacy practices stated in the Notice. This Notice will be available on our website and lobby, in addition to providing a copy when a request is made.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.



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- Follow The Legal Restrictions On Releasing Information On Treatment Or Services That Were Paid For Out Of Pocket
- We will not use or disclose your health information without your authorization, except as described in this Notice
- We will not use or 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. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

## Other Instructions for Notice

- Effective Date of this Notice: 5/26/2009. Revised: August 5, 2015.