

HIPAA Notice of Privacy Practices

Uses and Disclosures of Your Medical Information

Physicians Laboratory Services, Inc. and Physicians Laboratory, P.C. (PLS/PLPC)

As required by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule

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.

RESPONSIBILITIES OF PHYSICIANS LABORATORY SERVICES, INC. AND PHYSICIANS LABORATORY, P.C.

PLS/PLPC is required by law to:

1. Maintain the privacy and security of your Protected Health Information ("PHI").
2. Provide you with a copy of this Notice describing use and disclosure of your PHI.
3. Abide by the duties and privacy practices described in this notice.
4. Promptly notify you if a breach occurs that may have compromised the privacy or security of your information.
5. Limit sharing your information as described in this Notice unless you notify us in writing at any time to use or disclose information in a different manner. If you tell us we may use or share your information in another manner, you may change your mind at any time. Let us know in writing if you change your mind.

HOW WE MAY USE AND DISCLOSE YOUR PHI:

The following describes the ways we may use and disclose your health information that identifies you. Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to the PLS/PLPC Chief Compliance Officer.

For Treatment We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that it will pay for your treatment.

For Health Care Operations We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. This can include, any of the following activities of a covered entity that relate to its covered functions (i.e., acting as a health care provider and to manage your treatment and services): conducting quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; business planning and development; and business management and general administrative activities of the entity.

Individuals Involved in Your Care or Payment for Your Care When PLS/PLPC has on record a valid PHI release authorization form, we may share PHI with a person who has been authorized to be involved in your medical care or regarding payment for your care. Any individual granted medical power of attorney has the authority to exercise your rights and make choices about your PHI. We also may notify your family about your location or general condition or disclose such information if permitted to an entity assisting in an emergency situation or if you are unconscious.

Research We may use or disclose PHI for research purposes when a research participant has authorized the use or disclosure of information about him or herself or for public health research purposes, where permitted by applicable law. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Some states also conduct cancer research and retain certain information such as statistics in a public data system.

OTHER SITUATIONS PERMITTING DISCLOSURE OF YOUR PHI:

As Required by Law We will disclose PHI when required to do so by international, federal, state or local law, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

To Avert a Serious Threat to Health or Safety We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are also obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and in accordance with applicable law.

Organ and Tissue Donation If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation we may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks We may disclose PHI for public health activities and safety issues. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report adverse reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure as required or authorized by law.

Health Oversight Activities We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order, or in response to a subpoena.

Law Enforcement We may release PHI if asked by a law enforcement official if the information is required to be released by law or is in compliance with a court order, subpoena, court-ordered warrant, summons, subpoena, grand jury subpoena, or administrative request if certain conditions exist. We may also disclose (1) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (2) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (3) about a death we believe may be the result of criminal conduct; (4) about criminal conduct on our premises; or (5) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

National Security and Intelligence Activities We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

PHI USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU THE CHOICE TO OBJECT

Individuals Involved in Your Care or Payment for Your Care Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief We may disclose your Protected PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Fundraising We may contact you for any fundraising efforts, but you can tell us not to contact you for such purposes going forward.



www.physlab.com

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402-731-4145 · 800-642-1117
FAX 402-731-8653

LINCOLN
7441 "O" STREET SUITE 100
LINCOLN, NE 68510
402-488-7710
FAX 402-488-6941

Marketing and Sales We may never share your PHI for any marketing or sales efforts unless you give us written permission to do so.

WRITTEN AUTHORIZATION REQUIRED FOR OTHER PHI USES AND DISCLOSURES

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made **only** with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose your Protected PHI under the prior authorization. However, any disclosures that we have already made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding your PHI:

Right to Inspect and Obtain PHI You have a right to inspect and obtain an electronic or paper copy of your medical record and other health information we have about you. This includes medical and billing records, other than psychotherapy notes. To inspect and obtain a copy of your PHI, please submit your request to:

PHYSICIANS LABORATORY SERVICES, INC.
Attn: COMPLIANCE OFFICER
4840 F ST
OMAHA, NE 68127-0999

or to request via email to: [info@physlab.com]

We have up to thirty (30) days to make your PHI available to you and we may charge you a reasonable, cost-based fee for the costs of copying, mailing or other supplies associated with your request. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program.

Right to Amend or Correct If you feel that PHI we have is incorrect or incomplete, you may ask us to amend or correct the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request in writing, to the Compliance Officer. We may also say "no" to your request, but we will provide our reason why in writing to you within sixty (60) days.

Right to an Accounting of Disclosures You have the right to request a list of the disclosures and related reasons for such disclosures we have made of your PHI for six (6) years' prior to the date of your request for purposes other than treatment, payment, and health care operations or certain other disclosures (such as those you asked us to make). To request an accounting of disclosures, you must make your request, in writing, to the Compliance Officer. We can provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another accounting within the same twelve (12) month period.

Right to Request Restrictions You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. To request a restriction, you must make your request, in writing, to the Compliance Officer and your request will be processed through a Special Handling Account to accommodate the request for restriction of disclosure. We are not required to agree to your request, and we may say “no” if it would adversely affect your care.

Out-of-Pocket-Payments If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health insurance plan for purposes of payment or health care operations. You must make your request, in writing, to the Compliance Officer and that request will be processed through a Special Handling Account to accommodate the request for restriction of disclosure. We will generally say “yes” to such a request unless a law requires us to share that information.

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain manner or at a certain location. For example, you can ask that we only contact you by mail, at a certain address, at work, or at a certain phone number. To request confidential communications, you must make your request, in writing, to the Compliance Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

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. You may obtain a copy of this notice on our web site, <http://www.physlab.com/resources.html>. To obtain a paper copy of this notice, please submit your request in writing, to the Chief Compliance Officer and we will promptly provide you with one.

CHANGES TO THIS NOTICE:

PLS/PLPC reserve the right to update this notice and apply the new notice to PHI we currently maintain as well as any new PHI we receive in the future. This Notice will be available upon request, in our office, and on our web site.

FILING COMPLAINTS:

Any patient believing that his or her privacy rights have been violated may file a complaint through the PLS/PLPC Chief Compliance Officer (800-642-1117), or file a complaint directly with the Secretary for Health and Human Services by calling 1-877-696-6775, by sending a letter to U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

You will not be penalized or retaliated against for filing a complaint.

For further information about this Notice or any privacy rights or related information issues, please contact our Compliance Officer at (800-642-1117).

For additional information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Effective Date: 08/06/2013 (rev. 02/10/2021)