

# NOTICE OF PRIVACY PRACTICES



## *MACL's Protection of Protected Health Information (PHI)*

*Mid America Clinical Laboratories, LLC (MACL) is committed to protecting the privacy of your Protected Health Information (PHI). This includes laboratory test orders and test results, as well as, invoices for the healthcare services we provide.*

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Should you have any questions about this Notice of Privacy Practices, please contact us at (877) 803-1010 (option 0, then option 3), or send an email to us at [privacy@mac1.com](mailto:privacy@mac1.com), or write to us at the following address:

Mid America Clinical  
Laboratories, LLC

Attn: Vice President,  
Compliance

2560 N. Shadeland Ave.

Indianapolis, Indiana 46219

Mid America Clinical Laboratories is required by law to maintain the privacy of your PHI. We are also required to provide you with this Notice upon request. This Notice describes our legal duties, privacy practices and your patient rights as determined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations 45 CFR Parts 160 and 164, as amended from time to time.

MACL is committed to the protection of your PHI and will make reasonable efforts to ensure the confidentiality of your PHI, as required by law. We will work with you to comply with your right to receive certain information under HIPAA. This Notice does not apply to non-diagnostic services that we perform such as certain drugs of abuse testing services and clinical trials testing services.

***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.***

## *How MACL 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 this Notice, but all of our uses or disclosures of your health information will fall into one of the categories listed herein.

We need your written authorization to use or disclose your health information for any purpose not covered by one of the categories listed. 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***

MACL provides laboratory testing for physicians and other healthcare professionals and we use your information in our testing process. We disclose your health information to authorized 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 we may use your information to contact you to obtain another specimen, if necessary.

#### ***Payment***

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

#### ***Healthcare Operations***

We may use or disclose your PHI for activities necessary to support our healthcare operations, such as performing quality checks on our testing, accreditation functions, internal audits, developing reference ranges for our tests, and for MACL's operation and management purposes. MACL may also disclose PHI to other health care providers or health plans that are involved in your care for their health care operations. For example, MACL may provide PHI to manage disease, or to coordinate health care or health benefits.

#### ***Individuals Involved in Your Care or Payment of Your Care***

MACL may disclose PHI to a person who is involved in your care or helps pay for your care, such as a family member or friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. As allowed by law, we may disclose the PHI of minors to their parents or legal guardians.

#### ***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. In addition, at the request of your health care provider(s) or health plan, we may disclose PHI to their business associates for purposes of performing certain business functions or health care services on their behalf. For example, we may disclose PHI to a business associate of Medicare for purposes of medical necessity review and audit.

## ***How Else Can We Share Your Health Information?***

#### ***As Required by Law***

In certain circumstances, federal or state laws may require that we provide your health information to comply with the law including:

- The Department of Health and Human Services
- Government Functions
- Correctional Institutions
- National Security and Intelligence Organizations

#### ***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 a 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.

### **Public Health and Safety Issues**

We may share your PHI for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, preventing or reducing a serious threat to anyone's health or safety.

### **Research**

MACL 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 researcher 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.

### **Respond to Organ and Tissue Donation Requests**

We may share your PHI with organ procurement organizations.

### **Medical Examiners or Funeral Directors**

MACL may share your PHI with a coroner, medical examiner, or funeral director when an individual dies.

### **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.

## **Other Uses and Disclosures of PHI**

For purposes not described above, including uses and disclosures of PHI for marketing purposes and disclosures that would constitute a sale of PHI, MACL will ask for patient authorization before using or disclosing PHI. If you signed an authorization form, you may revoke it, in writing, at any time, except to the extent that action has been taken in reliance on the authorization.

## **Breach Notification**

MACL is required to provide patient notification if it discovers a breach of unsecured PHI unless MACL has determined, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.

### **Note**

We reserve the right to amend the terms of this Notice. Changes in our privacy practices shall be applicable to all PHI that we maintain about you, including PHI created or received prior to the effective date of the Notice revision. Effective: May 5, 2017.

## **How to Contact Us or File a Complaint**

*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. MACL will not retaliate against any individual for filing a complaint.*

*To file a complaint with us, send an email to us at [privacy@macl1.com](mailto:privacy@macl1.com), call the MACL Hotline at (317) 803-0334 or write to us at the following address:*

*Mid America Clinical  
Laboratories*

*Attn: Vice President,  
Compliance*

*2560 N. Shadeland Ave.*

*Indianapolis, IN 46219*

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# Your Patient Rights

Subject to certain exceptions, HIPAA establishes the following patient rights with respect to PHI:

## ***Right to Receive a Copy of MACL's Notice of Privacy Practices***

Our Notice is also displayed on our website and a copy is available upon request. You have a right to receive a copy of this Notice at any time by contacting us at [privacy@macl1.com](mailto:privacy@macl1.com), calling us at (877) 803-1010 (option 0, then option 3), or by sending a written request to: Compliance Department, Mid America Clinical Laboratories, LLC, 2560 N. Shadeland Avenue, Indianapolis, IN 46219.

## ***Right to See and Receive Copies of Your PHI***

You, and your personal representative, have the right to access PHI consisting of your laboratory test results or reports ordered by your physician. Within 30 days after our receipt of your request, you will receive a copy of the completed laboratory report from MACL unless an exception applies. Exceptions include a determination by a licensed health care professional that the access requested is reasonably likely to endanger the life or safety of you or another person, and our inability to provide access to the PHI within 30 days, in which case we may extend the response time for an additional 30 days if we provide you with a written statement of the reasons for the delay and the date by which access will be provided. 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 a copy of your test information is denied, you may request that the denial be reviewed.

You have the right to access and receive your PHI in an electronic format if it is readily producible in such a format. You also have the right to direct MACL to transmit a copy to another person you designate, provided such request is in writing, signed by you, and clearly identifies the designated person and where to send the copy of your PHI. To request a copy of your PHI: Request a copy of your test results by calling (877) 803-1010 (option 0, then option 3). You will be required to complete the patient Request to Access or to Disclose Laboratory Test Results for security and quality purposes. You may also contact MACL's Compliance Department at (317) 803-0284.

## ***Right to Amend Health Information***

If you believe that your PHI contains a mistake, you may request MACL, in writing, to correct the information. 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.

## ***Right to Accounting of Disclosures***

You have the right to receive a list of certain instances in which MACL disclosed your PHI. This list will not include certain disclosure of PHI, such as (but not limited to) those made based on your written authorization or those made prior to the date on which MACL was required to comply. If you request an accounting of disclosures of PHI that were made for purposes other than treatment, payment or health care operations, the list will include disclosures made within the past 6 years, unless you request a shorter period of disclosures. If you request an accounting of disclosures of PHI that were made for purposes of treatment, payment or health care operations, the list will include only those disclosures made within the past 3 years for which an accounting is required by law, unless you request a shorter period of disclosures.

## ***Right to Request Restrictions on Use and Disclosure of PHI***

You may request that we agree to restrictions on certain uses and disclosures of your health information such as: how we use and disclose your PHI for treatment, payment, and health care operation activities; or our disclosure of PHI to individuals involved in your care or payment for your care. MACL will consider your request, 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 payment or health care operations purposes, not for treatment, 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.

## ***Right to Confidential Communications***

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

## ***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 [privacy@macl1.com](mailto:privacy@macl1.com) with your specific request. You may also contact us at (877) 803-1010 (option 0, then option 3) to request a form to obtain a copy of your test results. MACL will consider your request and provide you with a response within a reasonable timeframe.