



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.

LabServices, Inc. and its wholly owned subsidiaries (collectively called "LabServices, Inc." in this Notice) are committed to protecting the privacy of your personal and health information. LabServices, Inc. is a leading provider of diagnostic testing, information and collection services. At LabServices, Inc., we are committed to protecting the confidentiality of individuals' laboratory test results and other patient protected health information (PHI) that we collect or create as part of our collection and diagnostic testing activities.

We urge you to read this Notice of Privacy Practices carefully so that you will understand both our commitment to the privacy of your PHI, and how you can participate in that commitment. Should you have any questions about this Notice or our privacy practices, please call us at 956-424-3000, send an email to 4labservices@gmail.com or write to us at the following address:

LabServices, Inc.
Attention: Data Privacy Officer
Richard Gaytan MT(ASCP)
2031 E Griffin Pkwy
Mission, TX 78572

LabServices, Inc. Privacy Policy

LabServices, Inc. and its employees are committed to obtaining, maintaining, using and disclosing patient protected health information (PHI) in a manner that protects patient privacy. We will only use or disclose the minimum amount of your PHI we consider necessary to perform a job or complete an activity. This Notice applies to all PHI that we maintain. Your doctor may have different notices regarding his/her use and disclosure of your PHI created in his/her office.

LabServices, Inc. is required by law to provide you with this Notice of Privacy Practices with respect to PHI, to maintain the privacy of PHI, to state the uses and disclosures of PHI that LabServices, Inc. may make, and to list the rights of individuals and our legal duties with respect to their PHI. Your PHI at LabServices, Inc. includes personal and medical information (such as your name, address, date of birth, test ordered, etc.) that we obtain from you, your physician, health plan, or other sources. Your PHI also includes the laboratory testing results that we create. An example of PHI is as follows: Jane Smith, Date of Birth: 2/15/68, resides at 123 Main Street, Anytown, NJ, cholesterol result of 215 mg/dL.

LabServices, Inc. is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice of Privacy Practices and to make the provisions of the new Notice of Privacy Practices effective for all PHI that we maintain. The current Notice will be displayed on our website and a copy is available upon request.

How we may use and disclose your Protected Health Information

Your PHI will be used or disclosed for collection of samples, referral of treatment, payment inquiries, or healthcare operations purposes and for other purposes permitted or required by law. Not every use or disclosure is listed; however, all of the ways we use or disclose your PHI will fall into one of the categories listed below.

If we wanted to use or disclose your PHI for other purposes, we would have to obtain your written authorization. For example, patient authorization is often required by state law for each release of HIV test results, except if the results are being released to public health officials as required by law. You have the right to revoke your authorization at any time, except if we have already made a disclosure based on that authorization. We do not need your authorization or permission to use or disclose your PHI for the following purposes:



For Referral of Treatment

As a health care provider that provides laboratory testing for ordering physicians, LabServices, Inc uses your PHI as part of our testing process and discloses your PHI to physicians and other authorized health care professionals who need access to your laboratory results to treat you. In addition to your treating physician, we may provide a specialist consulting physician with information about your results to further validate the results before release to your physician. Occasionally, we may contact you to arrange for a redraw of your specimens.

For Payment Inquires

We will use your PHI in our billing departments and disclose your PHI to insurance companies, hospitals, physicians, and health plans for payment purposes, or to third parties to assist us in creating bills, claim forms, or getting paid for our services. For example, we may send your name, date of service, test performed, diagnosis code, and other information to a health plan so that the plan will pay us for the services we provided. In some cases, we may have to contact you to obtain billing information or for other billing purposes. When required, we may use an outside collection agency to obtain payment.

For Healthcare Operations

We may use or disclose your PHI in the course of activities necessary to support our health care operations, such as performing quality checks on our testing, for teaching purposes, or for developing normal reference ranges for tests that we perform.

Disclosures to Business Associates

LabServices, Inc may disclose your PHI to other companies or individuals who need your PHI in order to provide specific services to us. These other entities, known as "business associates," must comply with the terms of a contract designed to ensure that they will maintain the privacy and security of the PHI we provide to them or which they create on our behalf. Our business associates must only use your PHI for designated treatment, payment, or health care operations purposes that they perform on our behalf. For example, we may disclose your PHI to temporary employees or to the College of American Pathologists (CAP) or other private accrediting organizations that inspect and certify the quality of our laboratories.

As Permitted or Required by Law

We may use or disclose your PHI for various public policy purposes that are authorized or required by federal or state law. For example, we are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services ("HHS") upon request. We must provide you with copies of your PHI at your request, except where restricted or prohibited by state law. We will provide the information regarding your specific state to you upon request.

Public Health

We may disclose your PHI when reporting communicable disease results to public health departments as required by law, for example, gonorrhea. We may disclose your PHI for FDA reporting purposes.

Public Safety

When the appropriate conditions apply, we may use or disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.



To Avert a Serious Threat to Health or Safety

We may use or disclose your PHI when necessary to prevent a serious threat to your health and safety or that of another person or the general public. Any use or disclosure for this purpose would only be made to someone able to help prevent the threat. For example, we may disclose your PHI in an investigation regarding a physician's license.

Health Oversight

We may disclose your PHI in connection with governmental oversight, licensure, auditing, and other purposes. For example, governmental agencies periodically review our records to ensure that LabServices, Inc is complying with the rules of various regulatory and licensing agencies. HHS and State Health Departments are examples of agencies that oversee aspects of LabServices, Inc' operations. Other agencies may audit our billing and laboratory records to verify that the health care was provided as claimed or that we were paid correctly.

Judicial and Administrative Proceedings

We may disclose your PHI as required to comply with court orders, discovery requests or other legal process in the course of a judicial or administrative proceeding.

Law Enforcement

We may also disclose PHI for law enforcement purposes. For example, we may be required to release PHI as required by law or in compliance with a court order, judicial subpoena, court-ordered warrant, grand jury subpoena, administrative request, investigative demand or similar legal process, but only if efforts have been made to tell you about the request or to obtain an order of protection for the requested information. We may release PHI for other law enforcement purposes, such as to identify or locate a suspect, fugitive, material witness, or missing person.

Specialized Government Functions

We may disclose your PHI for military and veterans activities, national security or intelligence purposes, or to correctional institutions, or to law enforcement officials having custody of an inmate.

Workers Compensation

We may disclose your PHI as necessary to comply with requirements of workers' compensation or similar programs that provide benefits for work-related injuries or illness without regard to fault. For example, workers compensation programs may require that we provide the results of laboratory testing as part of the case file.

Note Regarding State Law

For all of the above purposes, in cases where state law is more restrictive than federal law, we are required to follow the more restrictive state law. For example, some states require physician authorization to release laboratory test results to patients, and other states prohibit a laboratory from releasing test results directly to a patient.

We may contact you for specific reasons

Although we do not do so today, we may want to contact you in the future regarding health-related products or services that may be of interest to you.



Your rights concerning privacy and confidentiality

Access

You or your authorized or designated personal representative have the right to inspect and copy your PHI. LabServices, Inc will deny access to certain information for specific reasons, for example, where state law prohibits such patient access. If your request is denied, you may request that the denial be reviewed.

Amendments

You have the right to request amendments to your PHI (but we are not required to make the requested amendments).

Accounting

You have the right to receive an accounting of disclosures of your PHI that were made by LabServices, Inc for a period of up to 6 months prior to the date of your written request, but not including any disclosures made prior to February 1, 2010. Under the law, this accounting does not include disclosures made for purposes of treatment, payment, health care operations, or certain other excluded purposes, but includes other types of disclosures, including disclosures for public health reporting or in response to a court order. The standard for record keeping at LabServices, Inc is two (2) years.

Restrictions

You have the right to ask us if we will agree to restrictions on certain uses and disclosures of your PHI, but we are not required to agree to your request.

Confidential Communications

You have the right to request that we send your PHI to an alternate address, but we are not required to agree to your request.

Notice of Privacy Practices

You have the right to request a paper copy of this Notice for a nominal fee of \$5.

Complaints

If you believe your privacy rights have been violated, you have the right to register a complaint with LabServices, Inc or the Secretary of the U.S. Department of Health and Human Services. LabServices, Inc will not retaliate against any individual for filing a complaint. You may file a complaint by calling us at 956-424-3000, or by writing to us at the address located at the beginning of this Notice.

How to exercise your rights

Write to us with your specific written request and be sure to include sufficient information for us to identify all of your records. You may also contact us at 956-424-3000 to request an access form. LabServices, Inc will consider your request and provide you a response within a reasonable timeframe. Should we deny your request, you have the right to ask for the denial to be reviewed by another healthcare professional designated by LabServices, Inc. For additional details, or for instructions regarding how to exercise these rights, call us at 956-424-3000. **You may request an additional written copy of this Notice in electronic and/or paper form for a nominal fee of five (5) dollars by calling 956-424-3000.**