



## 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.**

**Effective Date: September 1, 2014**

### **A. OUR COMMITMENT TO YOUR PRIVACY**

Laboratory Alliance of Central New York is dedicated to maintaining the privacy of your protected health information. In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the privacy and confidentiality of your health information. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain concerning your health information. Under federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time of your care. We are also required to notify you in the event of a breach of your unsecured protected health information.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your health information
- Your privacy rights regarding your health information
- Our obligations concerning the use and disclosure of your health information

This Notice describes our privacy practices which will also be followed by:

- Our employees, personnel, or representatives having access to your health information;
- Our business associates, including independent contractors having access to your health information.

The terms of this Notice apply to all records containing your health information that are created or retained by Laboratory Alliance of Central New York. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of your records that we have created or maintained in the past, and for any of your records that we may create or maintain in the future. We will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

### **B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER AT:**

Laboratory Alliance of Central New York, LLC  
1304 Buckley Road, Suite 300  
Syracuse, NY 13212  
Tel. (315) 453-7200; Fax (315) 461-3030

### **C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS**

**1. Treatment.** Laboratory Alliance of Central New York may use your health information to help your healthcare provider(s) treat you. For example, your doctor may ask you to have laboratory tests (such as blood or urine tests) to clear you for surgery and we will perform the tests and send him/her the results. Many of the people who work for Laboratory Alliance of Central New York including, but not limited to, our phlebotomists and technicians, may use or disclose your health information in order to assist others in your treatment. Additionally, we may disclose your health information to others who participate in your care, such as medical specialists you may be referred to for treatment.

**2. Payment.** We may use and disclose your health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify

that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding the diagnostic testing that has been ordered for you to determine if your insurer will cover, or pay for, your testing. We also may use and disclose your health information to obtain payment from third parties who may be responsible for such costs. We may use your health information to bill you directly for services.

**3. Health Care Operations.** We may use and disclose your health information to operate our business. For example, we may use and disclose your health information to evaluate the quality of care you received from us, or to conduct our cost-management and business planning activities.

**4. Appointment Reminders.** We may use and disclose your health information to contact you and confirm a scheduled appointment.

**5. Release of Information to Family/Friends and for Disaster Relief Purposes.** We may share your health information with a friend or family member who is involved in your care, or who assists in taking care of you, consistent with your known preferences. For example, a friend may drive you to and home from our laboratory draw station. If you need to return for additional blood draws, we may have to tell your driver. We may also use and disclose your health information in a disaster relief situation, consistent with your known preferences.

**6. Disclosures Required By Law.** We will use and disclose your health information when we are required to do so by federal, state or local authorities.

**7. Public Health Activities.** We may disclose your health information to public health authorities allowed by law to collect information for certain purposes, including:

- Maintenance of vital records, such as births and deaths
- Mandatory reporting, such as child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notification of a person regarding potential exposure to, or risk of spreading, a communicable disease
- Notification of your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**8. Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. Oversight activities include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.

**9. Lawsuits and Similar Proceedings.** We may use and disclose your health information in response to a court or administrative order, if you are involved in a lawsuit or other legal proceeding. We also may disclose your health information in response to a discovery request, subpoena, or other lawful process by another party involved in a dispute or proceeding, to the extent authorized by law.

**10. Law Enforcement.** We may release your health information if asked to do so by a law enforcement official or for law enforcement purposes, to the extent authorized by law.

**11. Deceased Patients.** We may release health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. We also may release information in order for funeral directors to perform their jobs.

**12. Research.** We may use and disclose your health information for research purposes in certain limited circumstances, provided we follow the necessary legal requirements.

**13. Serious Threats to Health or Safety.** We may use and disclose your health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will make disclosures to a person or organization able to help prevent the threat.

**14. National Security.** We may disclose your health information to federal and government officials for intelligence and national security activities authorized by law, for military purposes, and to protect the President, other officials or foreign heads of state, or to conduct investigations.

**15. Inmates.** We may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide healthcare services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**16. Workers' Compensation.** We may release your health information for workers' compensation and similar programs.

**17. Face-to-Face Communications and Promotional Gifts of Nominal Value.** We may use your health information to engage in face-to-face communications with you regarding our products and services or to provide you with promotional gifts of nominal value.

**18. Business Associates.** We may disclose your health information to our business associates who perform certain business functions or provide business services on our behalf. For example, a business associate may provide billing services on our behalf. All of our business associates are required to maintain the privacy and confidentiality of your health information.

#### **D. USES AND DISCLOSURES THAT WILL ONLY BE MADE WITH YOUR AUTHORIZATION**

Laboratory Alliance of Central New York will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization, except to the extent we have already relied on it. To cancel your authorization, please contact the Privacy Officer at the address listed above in Section B.

We must also comply with additional requirements under other applicable state and federal laws regarding the use and disclosure of special health information, such as HIV-related, genetic, mental health, and alcohol and substance abuse information. Sometimes, use and disclosure of such information may require your permission.

In addition, we will only make the following uses and disclosures with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures for marketing purposes;
- Uses and disclosures that would be considered a sale of health information; and
- Other uses and disclosures not otherwise described in this Notice or covered by the laws that apply to us.

#### **E. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding the health information that we maintain about you:

**1. Confidential Communications.** You have the right to request that we communicate with you in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work, or send mail to a different address. To request a type of confidential communication, you must make a written request to our Privacy Officer at the address listed above in Section B, specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.

**2. Requesting Restrictions.** You have the right to request that we restrict how we use or disclose your health information for treatment, payment or healthcare operations. For example, you have the right to request that we restrict our disclosure of your health information to individuals involved in your care or the payment for your care, such as family members and friends. Generally, we are not required to agree to your request to restrict how we use and disclose your health information. If we do agree, we are bound by our agreement except when otherwise required by law, in emergencies when the information is necessary to treat you, or if we tell you that we can no longer agree to your requested restriction. However, if you request we restrict the disclosure of your health information to your health insurer related to services we provide to you and you pay us for such services out-of-pocket in full, we must agree to your request, unless we are required by law to disclose the information. To request a restriction of our use or disclosure

of your health information, you must make your request in writing to our Privacy Officer at the address listed in Section B. Your request must clearly describe:

- The information you wish restricted;
- Whether you are requesting to limit our use, disclosure or both; and
- To whom you want the limits to apply.

**3. Inspection and Copies.** You have the right to inspect and obtain a paper or electronic copy of your medical records and billing records we have about you. You must submit your request in writing to our Privacy Officer at the address listed in Section B. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

**4. Amendment (“correction”).** You may ask us to correct your health information if you believe it is incorrect or incomplete. You may request a correction for as long as we maintain the information. To request an amendment, your request must be made in writing and submitted to our Privacy Officer at the address listed in Section B. You must provide us with a reason that supports your request for amendment. We may deny your request if you ask us to correct information that is in our opinion: (a) accurate and complete; (b) not part of the health information kept by or for us; (c) not part of the information which you would be permitted to inspect and copy; or (d) not created by us, unless the individual or entity that created the health information is not available to correct the information.

**5. Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of the times we have shared your health information with others. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you have asked us to make). To request an accounting of disclosures you must submit your request in writing to our Privacy Officer at the address listed in Section B. Your request must state a time period no longer than six (6) years from the date of disclosure. If you request, we will provide you with one accounting per year for free, but may charge a reasonable fee for another accounting requested within 12 months.

**6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice, even if you have elected to receive this Notice electronically. To obtain a paper copy of this Notice, contact our Privacy Officer at the address listed in Section B.

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with Laboratory Alliance of Central New York or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at the phone number or address listed in Section B. You may discuss your complaint with our Privacy Officer over the phone, although we may be better able to respond to your complaint if it's in writing. Importantly, **you will not be penalized for filing a complaint.**

Again, if you have any questions regarding this Notice or our health information policies please contact our Privacy Officer at the address or phone number in Section B. Thank you!