

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW YOUR PERSONAL AND MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

### **Organization Covered by this Notice**

This notice applies to the privacy practices of LifeTech Diagnostics and its subsidiaries and affiliates, (collectively “LifeTech”).

### **Contact Information**

The complete Notice of Privacy Practices is available on our website [www.lifetechdiagnostics.com](http://www.lifetechdiagnostics.com) and is posted at LifeTech’s location(s). For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice or copies in other languages, please contact our Privacy Officer or go to the LifeTech office.

Privacy Officer: LifeTech Privacy Officer  
2301 NW Furman Rd., Ste. 100  
Topeka, KS 66618  
Telephone: (785) 329-5957  
Fax: 1 (800) 859-9507  
E-mail: [compliance@lifetechdiagnostics.com](mailto:compliance@lifetechdiagnostics.com)

### **Our Legal Duty and Right to Change the Notice**

We are required by applicable federal and state law, including the Health Insurance Portability and Accountability Act (“HIPAA”) to maintain the privacy of your personal medical information that identifies you, known as your Protected Health Information (“PHI”). Your PHI includes laboratory tests and invoices for services. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information.

We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect October 1, 2020 and will remain in effect unless and until we replace it.

LifeTech reserves the right to change its privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any change in our privacy practices and the new terms of our notice applicable to all personal and medical information we maintain, including medical information we created or received before we made the change. Before we make a significant change in our privacy practices, we will change this notice and publish a new notice on our website at [www.lifetechdiagnostics.com](http://www.lifetechdiagnostics.com) and send the new notice to our health plan subscribers/patients at the time of the change.

## Uses and Disclosures of Your Medical Information

**Treatment:** We may disclose your medical information, without your permission, to provide you with medical treatment or services, including laboratory testing services. We may disclose medical information about you to physicians, nurses, technicians, or other healthcare professionals involved in your care in order to coordinate your care.

**Payment:** We may use and disclose your medical information, without your permission, to pay claims for services delivered to you, including laboratory testing services, that are covered by your health plan, to determine your eligibility for benefits, to coordinate your benefits with other payers, and the like. We may disclose your medical information to a healthcare provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

**Healthcare Operations:** We may use and disclose your medical information, without your permission, for healthcare operations. Healthcare operations include:

- laboratory quality assessment and improvement activities;
- healthcare and laboratory training programs, licensing and accreditation activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention; and
- business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, judicial and administrative proceedings, de-identifying medical information, and creating limited data sets for healthcare operations, public health activities, and research.

**Business Associates:** LifeTech may use and disclose your PHI or personal and medical information to companies or persons who need the information in order to provide services to LifeTech. These companies or persons are called “Business Associates,” and are required to maintain the privacy and security of your PHI. These Business Associates might assist LifeTech with healthcare operations, such as billing.

**Appointment Reminders and Confirmation:** LifeTech may use and disclose your PHI to third parties for the purpose of contacting you with appointment reminders and confirmations or to contact you about available services, including laboratory testing services. LifeTech may contact you using your provided contact method, which may include your telephone number, for reminders, confirmations, surveys, patient satisfaction and available services.

**Your Authorization:** You may give LifeTech written authorization to use your medical information or to disclose it to anyone for any purpose. The following types of uses and disclosures of medical information will be made only with your written permission, unless required by law:

- **Marketing.** We must get your permission to use your medical information for marketing unless we are having a face-to-face talk about the new healthcare product or service, or unless we are giving you a gift that does not cost much to tell you about the new healthcare product or service. We must also tell you if we are getting paid by someone else to tell you about a new healthcare item or service.

- **Selling Medical Information.** We are not allowed to sell your medical information without your permission and we must tell you if we are getting paid. However, certain activities are not viewed as selling your medical information and do not require your consent. For example, we can sell our business, we can pay our contractors and subcontractors who work for us, we can participate in research studies, we can get paid for treating you, we can provide you with copies or an accounting of disclosures of your medical information, or we can use or disclose your medical information without your permission if we are required or permitted by law, such as for public health purposes.

If you provide LifeTech with authorization to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided to you.

**Family, Friends, and Others Involved in Your Care or Payment for Care:** We may disclose your medical information to a family member, friend, employer or any other person you involve in your care or payment for your healthcare. We will disclose only the medical information that is relevant to the person's involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

**Health-Related Products and Services:** Where permitted by law, we may use your medical information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services that we provide or include in our benefits plan. We may use your medical information to communicate with you about treatment alternatives that may be of interest to you.

These communications may include information about the healthcare providers in our networks, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to our benefits plans.

**Other Disclosures Authorized by Law:** We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and public benefit activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to avert a serious and imminent threat to health or safety;

- for healthcare oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies;
- for research;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims and criminal activities;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

### **Uses and Disclosures of Your Personal Information**

Where permitted by law, we may use your personal information to communicate with you and certain state/federal government agencies: (1) in support of efficient operation of a health insurance marketplace (e.g., qualified health plan application assistance); (2) about health-related products, benefits and services; and (3) about payment for those products, benefits and services that we provide or include in our benefits plan. We may use your personal information to communicate with you about the healthcare providers in our networks, replacement of or enhancements to your health plan, and health-related products or services that are available only to our enrollees that add value to our benefits plans.

### **Your Rights**

If you wish to exercise any of the rights set out in this section, you should submit your request in writing to our Privacy Office. You may obtain a form by calling the phone number on the back of your ID card to make your request.

**Access:** You have the right to examine and to receive a copy of your personal and medical information, with limited exceptions. This may include an electronic copy in certain circumstances if you make this request in writing. We may charge you reasonable, cost-based fees for a copy of your personal and medical information, for mailing the copy to you, and for preparing any summary or explanation of your personal and medical information you request. Contact our Privacy Office for information about our fees.

**Disclosure Accounting:** You have the right to a list of instances in which we disclose your personal and medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than 6 years before the date of your request. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact our Privacy Office for information about our fees.

**Amendment:** You have the right to request that we amend your personal and medical information.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

**Restriction:** You have the right to request that we restrict how we use or disclose your personal and medical information for treatment, payment or healthcare operations or with family, friends, employer or others you identify involved in your care. LifeTech will consider your request, but is not required to agree to the restriction unless you wish to pay for medical services out-of-pocket in full at the time of the service and have requested that we not disclose your medical information to a health plan. If we do agree to your request for restriction, we will abide by our agreement, except in a medical emergency or as required or authorized by law. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind LifeTech to such an agreement.

**Confidential Communication:** You have the right to request that we communicate with you about your personal and medical information in confidence by means or to locations that you specify. You must make your request in writing. We will accommodate your request if it is reasonable, specifies the means or location for communicating with you, and continues to permit us to collect premiums and pay claims under your health plan.

**Electronic Notice:** If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact our Privacy Office to obtain this notice in written form.

**Breach Notification:** In the event of breach of your unsecured personal and health information or PHI, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

### **Complaints**

If you are concerned that LifeTech may have violated your privacy rights, or you disagree with a decision we made about access to your personal and medical information, about amending your personal and medical information, about restricting our use or disclosure of your personal and medical information, or about how we communicate with you about your personal and medical information, you may complain to our Privacy Office.

You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, HHH Building, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019 or e-mail [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov).

We support your right to the privacy of your personal and medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## **Discrimination is Against the Law**

LifeTech complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact LifeTech Customer Service, (785) 224-4775, [compliance@lifetechdiagnostics.com](mailto:compliance@lifetechdiagnostics.com).

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with LifeTech at (785) 224-4775 or [compliance@lifetechdiagnostics.com](mailto:compliance@lifetechdiagnostics.com). You can file a complaint in person or by mail or email. If you need help filing a complaint, LifeTech is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**If you, or someone you're helping, has questions about us, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (718) 838-9317 and use PIN 453-3546.**