



# Notice of Privacy Practices

## for Protected Health Information (PHI)

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Overview:

#### You Have the Right to:

- Obtain a copy of your paper or electronic health record
- Ask us to limit the information we share
- Request confidential communication
- Amend your health record
- Obtain a list of those with whom we've shared your information
- Obtain a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated
- Notification by ESCL of any changes to our health information practices

#### We May Use and Share Your Information to:

- Assist in treating you
- Bill for services provided
- Manage our organization
- Comply with the law
- Help with public health and safety issues

#### We are Required to:

- Maintain the privacy and security of your health information
- Inform you if a breach occurs that may have compromised the privacy or security of your information
- Provide you with a notice of our legal duties and privacy practices regarding the information we collect and maintain about you
- Abide by the terms of this notice
- Notify you by mail, upon your request, if ESCL's health information practices change
- Obtain your written authorization for any uses or disclosures of your health information not described in this notice. You may revoke the authorization at any time, except to the extent that action has already been taken.

### How to Exercise Your Rights:

#### Obtain a copy of your paper or electronic health record

- You can ask to see or obtain an electronic or paper copy of your laboratory record. Click the link on this website that will direct you to the form you will need to submit to obtain your record.
- We will provide a copy of your laboratory record in the time frame required by law. You will be informed in writing if the delivery of your record will be delayed.

#### Ask us to limit the information we share

- We are allowed to use your health information for treatment, payment and healthcare operations without your consent. You can ask us to limit or not use your information for these purposes, but we are not required by law to agree to your request.
- If you pay for laboratory services out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say yes to your request unless a law requires us to share that information.

#### Request confidential communication

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address than we have on record for you. We will say yes to all reasonable requests.

#### Amend your health record

- You can ask us to amend health information about you that you think is incorrect or incomplete, but we are not required to agree to your request. You will be notified in writing within 60 days of your request if we do not agree to your request.

#### Obtain a list of those with whom we've shared your information

- You can ask us to prepare a list for you of the people with

whom we have shared your health information within the past six years of your request.

- We will provide you with a description of the information that we shared, who we shared it with, and why we shared it.
- Under the law, we are not required to include in the list the occasions that we shared your health information for the purposes of treatment, payment or healthcare operations.

### **Obtain a copy of this privacy notice**

- You may obtain a copy of this privacy notice by accessing ESCL's website at [www.eastsidelab.com](http://www.eastsidelab.com). Click the "About Us" tab and select Privacy Policy. Click the print icon.

### **How to contact us or file a complaint**

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## **How We May Use and Share Your Information to:**

- Assist in your treatment: for example, we will report the results of your laboratory test(s) to the health care practitioner who requested the test(s).
- Bill for services rendered to you: for example, a bill may be sent to you or a third party payer. The bill may include information that identifies you and the tests that were performed.
- Manage our organization: for example, we may use information about you to assess the timely reporting of the results of your test(s); this information will then be used in an effort to continually improve the quality and effectiveness of the service we provide.
- We may provide your PHI to other companies or individuals that need the information to provide services to us. These other entities, known as "business associates", are required to maintain the privacy and security of PHI. 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.
- Comply with the law; for example:
  1. We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability or to avert a serious threat to the health or safety of a person or the public.
  2. To comply with laws relating to workers compensation or other similar programs established by law.
  3. We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena.

## **We are Required to:**

### **Maintain the privacy and security of your health information**

- Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), ESCL is required by law to maintain the privacy of health information that identifies you, called protected health information or "PHI". ESCL will make reasonable efforts to ensure the confidentiality of your PHI, as required by statute and regulation.

### **Inform you if a breach occurs that may have compromised the privacy or security of your information**

- ESCL is required to provide patient notification if it discovers a breach of unsecured PHI unless there is a demonstration, 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.

### **Provide you with a notice of our legal duties and privacy practices regarding the information we collect and maintain about you**

- ESCL is required to provide you with this notice of our legal duties and privacy practices. A copy of our privacy practices is available on our website, [www.eastsidelab.com](http://www.eastsidelab.com). You may also request that a printed copy be mailed to you (see below).

### **Abide by the terms of this notice**

- ESCL is required by law to maintain the privacy of your PHI and to abide by all of the terms of this notice.

### **Notify you by mail, upon your request, if ESCL's health information practices change**

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### **Obtain your written authorization for any uses or disclosures of your health information not described in this notice. You may revoke the authorization at any time, except to the extent that action has already been taken.**

- For purposes not described above, ESCL will ask for your authorization before using or disclosing your PHI. If you signed an authorization form, you may revoke it, in writing, at any time, except to the extent that ESCL has already acted on any prior uses or disclosures previously authorized by you.