

# HIPPA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Smart Choice Labs, LLC, and its Affiliated Covered Entities (collectively "Smart Choice Labs, LLC") are committed to protecting the privacy of your identifiable health information. This information is known as "protected health information" or "PHI." Examples of documents that may contain your PHI include laboratory test orders, test results, invoices, and consultations.

## **Our Responsibilities**

Smart Choice Labs, LLC is required by law to maintain the privacy of your PHI. We are also required to provide you with this Notice of our legal duties and privacy practices upon request. It describes our legal duties, privacy practices and your patient rights as determined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are required to follow the terms of this Notice currently in effect. We are required to notify affected individuals in the event of a breach involving PHI that is unsecured. PHI is stored electronically and is subject to electronic disclosure.

## **How We 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 our uses or disclosures of your PHI will fall into one of the categories listed below.

We need your authorization to use or disclose your PHI for any purpose not covered by one of the categories below. With limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes or sell your PHI unless you have signed an authorization. You may revoke any authorization you sign at any time. If you revoke your authorization, we will no longer use or disclose your PHI except to the extent we have already acted based on your authorization.

We may use and disclose your PHI for the following purposes:

### **Treatment**

Smart Choice Labs, LLC provides laboratory testing and access to laboratory testing for consumers, physicians, and other healthcare professionals, and we use your PHI in the testing process. We disclose your PHI to authorized healthcare professionals who order tests, perform/process the tests, or need access to your test results for treatment purposes. We may have to disclose your health information to our affiliates to obtain test results and reports. We may use and disclose PHI to contact you about our services, such as to remind you of an appointment or to return your specimen collection kit, notify you of the status of your laboratory testing, or to tell you about our health-related products and services that may be of interest to you. Examples of other treatment-related purposes include disclosure to a pathologist and/or other healthcare-related professionals to help interpret your test results or use of your PHI to contact you to obtain another specimen, if necessary.

### **Payment**

Smart Choice Labs, LLC may use and disclose your PHI for purposes of billing and payment. For example, we may disclose your PHI to health plans or other payers to determine whether you are enrolled with the payer or eligible for health benefits or 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**

Smart Choice Labs, LLC may use and disclose your PHI for activities necessary to support our healthcare operations. This includes functions such as performing quality checks on our testing, internal audits, arranging for legal services or developing reference ranges for our tests. It also includes, for example, the sale, transfer, merger, or consolidation of all or part of Smart Choice Labs, LLC with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to the transaction(s).



## **Business Associates**

We may provide your PHI to other companies or individuals that need it to provide services to us. These other entities, known as "business associates," are required to maintain the privacy and security of PHI. For example, our business associates may use your PHI to conduct billing, collections, imaging, courier, or record storage services on our behalf.

## **Individuals Involved in Your Care**

We may disclose relevant PHI to a family member, friend, caregiver, or other individual involved in your healthcare or payment for your healthcare, if you tell us that this is acceptable to you or you do not object; or if in our professional judgment, we believe that you do not object.

## **As Required by Law**

We may use and disclose your PHI as permitted and/or required by law.

## **Law Enforcement Activities and Legal Proceedings**

We may use and 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 disclose your PHI as required to comply with a court or administrative order. We may disclose 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.

## **Research**

We may use or disclose PHI for research projects, such as studying how to diagnose or treat diseases. These research projects must go through a special process that protects the confidentiality of your medical information. We may also use or disclose PHI about deceased patients to researchers if certain requirements are met.

## **De-identified Information**

We may use your PHI to create "de-identified" information, which means that we remove information that can be used to identify you. There are specific rules under the law about what type of information needs to be removed before information is considered de-identified. Once information has been de-identified as required by law, it is no longer PHI and we may use it for any lawful purpose.

## **Other Uses and Disclosures**

As permitted by HIPAA, we may disclose your PHI to:

- Social Services Agencies
- Public Health Authorities
- The Food and Drug Administration
- Health Oversight Agencies
- Military Command Authorities
- National Security and Intelligence Organizations
- Correctional Institutions
- Organ and Tissue Donation Organizations
- Coroners, Medical Examiners and Funeral Directors
- Workers Compensation Agents
- Another healthcare provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition

We may also disclose PHI to those assisting in disaster relief efforts so that family or friends can be notified about your condition, status, and location.

## **Incidental Uses and Disclosures**

Sometimes, your PHI may be used or disclosed in the course of our primary uses and disclosures, such as for treatment, payment, or healthcare operations. For example, we may call your name in the waiting room at one of our Patient Service Centers, or use it in a telephone conversation with a provider. We are



permitted to make such incidental uses and disclosures as long as we take reasonable steps to minimize them, and have in place appropriate safeguards to protect them.

### **Note Regarding State Law**

For all the above purposes, when state law is more restrictive than federal law, we are required to follow the more restrictive state law.

### **Your Patient Rights**

#### **Receive Test Information**

You have the right to access your PHI. You may:

- Obtain your test results electronically using your personal portal (e.g. Patient Fusion). You will need to create your Patient Fusion account at <https://patientfusion.com>.
- Contact Customer Service at 1-920-759-1400 to request your records; or
- Complete and submit a Patient Request to access or to disclose Protected Health Information (PHI) to obtain your test results and other PHI; or
- Submit a written request of your own to our Customer Service team to obtain your PHI (requests must be signed and include enough demographic and other information necessary for us to authenticate you, your legal guardian, or authorized representative to identify your records).
- You may incur charges related to each records request

If your request for test information is denied, you may request that the denial be reviewed.

Additional patient rights information is available at Smart Choice Labs facilities.

#### **Amend Health Information**

You may request amendments (changes) to your PHI by making a written request. However, we may deny the request in some cases (such as if we determine the PHI is accurate). If we deny your request to change your PHI, we will provide you with a written explanation of the reason for the denial and let you know about further actions you may take.

#### **Accounting of Disclosures**

You have the right to receive a list of certain disclosures of your PHI made by Smart Choice Labs, LLC in the past six years from the date of your written request. Under the law, this does not include disclosures made for treatment, payment, or healthcare operations or certain other purposes.

#### **Request Restrictions**

You may request that we agree to restrictions on certain uses and disclosures of your PHI. We are not required to agree to your request, except for requests to limit disclosures to your health plan for purposes of payment or healthcare operations when you have paid us for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law.

#### **Request 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.

#### **Copy of this Notice**

You have the right to obtain a paper copy of this Notice upon request.

#### **How to Exercise Your Rights**

You may write or send an email to us with your specific request. Please refer to the Contact Information below. Smart Choice Labs, LLC will consider your request and provide you a response.

## **Complaints/Questions/Contact Information**

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. Smart Choice Labs, LLC will not retaliate against any individual for filing a complaint. To file a complaint with us, or should you have any questions about this Notice, write to us at the following address:

Smart Choice Labs, LLC  
Attention: Privacy Officer  
120 Doty Street #556  
Kaukauna, WI 54130

You may also contact the Privacy Officer at (920) 759-1400.

### **Note**

We reserve the right to amend the terms of this Notice to reflect changes in our privacy practices, and to make the new terms and practices applicable to all PHI that we maintain about you, including PHI created or received prior to the effective date of the Notice revision. Our Notice is displayed on our website and a copy is available upon request.

### **Non-Discrimination Notice**

We comply with applicable Federal civil rights laws and do not discriminate based on race, color, national origin, age, disability, or sex. Smart Choice Labs, LLC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Smart Choice Labs, LLC provides reasonable modifications for qualified individuals with disabilities, when necessary to ensure accessibility and equal opportunity to participate in our programs, activities, services, or other benefits

If you need these services, contact (920) 759-1400 at a Smart Choice Labs, LLC Patient Service Center. If you believe that Smart Choice Labs, LLC has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

Smart Choice Labs, LLC  
120 Doty St #556  
Kaukauna, WI 54130  
(920) 759-1400

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Smart Choice Labs, LLC Civil Rights Coordinator 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  
(800) 368-1019, (800) 537-7697 (TDD)