

**NOTICE OF PRIVACY PRACTICES  
OF  
KILBOURNE MEDICAL LABORATORY (KML)  
TOTALMED LAB (TML)  
DAYTON MEDICAL LABORATORY (DML)**

**As Required by the Privacy Regulations Created as a Result of the  
Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

**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: April 14, 2003**

**If you have any questions or requests, please contact:**

**Regulatory Manager  
Kilbourne Medical Laboratory  
665 Ohio Pike  
Cincinnati, OH 45245  
(513) 752-7300**

**A. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.**

We are required to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or PHI. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice at our locations;
- Making copies of the revised notice available upon request (either at our locations or through the contact person listed in this Notice); and
- Posting the revised notice on our website in the future.

**B. WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES.**

**1. Treatment.**

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we will send results of your laboratory tests to your physician; we may use and disclose PHI about you when you need a prescription, or other health care services.

**2. Payment.**

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing

information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following:

- Billing departments;
- Collection departments or agencies;
- Insurance companies, health plans and their agents which provide you coverage.

### **3. Health Care Operations.**

We may use and disclose PHI in performing business activities, which we call “health care operations”. These health care operations allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may use or disclose PHI about you for health care operations include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers performing our services to you.
- Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care we and others provide. These organizations might include government agencies or accrediting bodies such as the College of American Pathologists.
- Assisting various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws.
- Business planning activities for our organization’s future operations.
- Conducting business management and general administrative activities related to our organization and the services it provides.
- Resolving grievances within our organization.
- Reviewing activities and using or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else.
- Complying with this Notice and with applicable laws.

### **4. We may use and disclose PHI under other circumstances without your authorization.**

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.

- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of information concerning a death that may have resulted from criminal conduct.
- When the use and/or disclosure relates to deceased patients. For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you in case of death, or to identify the cause of death.
- When the use and/or disclosure relates to deceased persons' organ, eye or tissue donation purposes.
- When the use and/or disclosure relates to medical research. Under certain circumstances, we may disclose PHI about you for medical research.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to providing public benefits, workers' compensation, military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.
- When the use and/or disclosure relates to defects or products to the FDA.

## **5. You can object to certain uses and disclosures.**

Unless you object, we may use or disclose PHI about you in the following circumstances:

- We may share with a family member, personal representative, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care.
- We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call our contact person listed on the cover page of the Notice.

**\*\* ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU  
REQUIRES YOUR WRITTEN AUTHORIZATION\*\***

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

**C. YOUR RIGHTS REGARDING PHI ABOUT YOU.**

**1. You have the right to request restrictions on uses and disclosures of PHI about you.**

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice. You may request a restriction in writing to the contact person listed on the cover page of this Notice.

**2. You have the right to request different ways to communicate with you.**

You have the right to request how and where we contact you about PHI. For example, you may request that for billing questions we contact you at your work address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. Be advised that all of your laboratory results will be forwarded to your ordering healthcare professional or healthcare facility. You may request alternative communications in writing to the contact person listed on the cover page of this Notice.

**3. You have the right to see and copy PHI about you.**

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request for your PHI must be in writing. We may charge you related fees for the costs of copying, mailing, labor and supplies associated with your request. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we did not grant your request and describing any rights you

may have to request a review of our denial. You may request to see and receive a copy of PHI in writing to the contact person listed on the cover page of this Notice.

#### **4. You have the right to request amendment of PHI about you.**

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. For a clinical laboratory, amending a test result would be non-applicable, as a test result cannot be changed. Billing amendments should be requested from the ordering healthcare professional who supplies the laboratory with clinical diagnosis. For any other records your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of your PHI in writing to the contact person listed on the cover page of this Notice.

#### **5. You have the right to a listing of disclosures we have made.**

If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures on PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For our health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for notification purposes, or for other purposes described in subsection B.5 above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection B.4 above) and
- As part of a limited set of information which does not contain certain information which would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures in writing to the contact person listed on the cover page of this Notice.

**6. You have the right to a copy of this Notice.**

You are entitled to receive a paper copy of this Notice at any time by making a request to the Client Service Representative, Phlebotomist, healthcare facility in which you live, or the contact person listed on the cover page of this Notice.

**D. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.**

If you think your privacy rights have been violated by us, or you want to complain to us about our privacy practices, you can contact the person listed below in writing:

Regulatory Manager  
Kilbourne Medical Laboratory  
665 Ohio Pike  
Cincinnati, OH 45245  
(513) 752-7300

A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us within 180 days of when you knew or should have known that the act or omission complained of occurred. You may also send a written complaint to the United States Regional Office for Civil Rights in Chicago, IL.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

**E. EFFECTIVE DATE OF THIS NOTICE**

This Notice of Privacy Practices is effective on April 14, 2003.

**F. AMENDMENTS TO THIS PRIVACY POLICY**

As discussed in Section A, we reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all PHI we maintain now or may have in the future. A copy of the most recent version of this Privacy Policy will be posted at each of our locations and you may request a copy at any time.