

# 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.**

CompuNet is committed to protecting the privacy of your identifiable health information. This information is known as “protected health information” or “PHI.” PHI includes laboratory test orders and test results as well as invoices for the healthcare services we provide.

## OUR RESPONSIBILITIES

CompuNet 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 (HIPAA) of 1996. We are required to follow the terms of this Notice currently in effect. This Notice does not apply to non-diagnostic services that we perform such as certain drugs of abuse testing services and clinical trials testing services.

## 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 of our uses or disclosures of your health information will fall into one of the categories listed below.

We need your written authorization to use or disclose your health information for any purpose not covered by one of the categories below. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes (other than to communicate with you about products and services, as later described in this Notice), 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 health information for the reasons stated in your authorization except to the extent we have already taken action based on your authorization.

The law permits us to use and disclose your health information for the following purposes:

### TREATMENT

CompuNet provides laboratory testing for physicians and other healthcare professionals, and we use your information in our testing process. We disclose your health information to authorized healthcare professionals who order tests or need access to your test results for treatment purposes. Examples of other treatment-related purposes include disclosure to a pathologist to help interpret your test results or use of your information to contact you to obtain another specimen, if necessary.

### PAYMENT

CompuNet will 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 former spouse), we may also send invoices to the subscriber whose policy covers your health services.

### HEALTHCARE OPERATIONS

CompuNet may use and disclose your PHI for activities necessary to support our healthcare operations, such as performing quality checks on our testing, internal audits, arranging for legal services, developing reference ranges for our tests, accreditation, and licensing. We may also disclose your PHI to another healthcare

facility, healthcare professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

### **BUSINESS ASSOCIATES**

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 for our services, collecting payment when necessary, and providing auditing, accreditation, and legal services.

### **HEALTH PRODUCTS AND SERVICES**

We may use your PHI from time to time to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

### **AS REQUIRED BY LAW**

We may use and disclose your PHI as 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 also disclose PHI to appropriate agencies if we reasonably believe an individual to be a victim of abuse, neglect, or domestic violence.

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 disclose PHI for research purposes when an Institutional Review Board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your PHI and determined that the researcher does not need to obtain your authorization prior to using your PHI for research purposes. We may also disclose information about decedents to researchers under certain circumstances.

### **OTHER USES AND DISCLOSURES**

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

- Public health authorities for required reporting of disease and for required public health investigations
- The Food and Drug Administration, if necessary, to report adverse events, product defects, or to participate in product recalls
- Health oversight agencies conducting audits, investigations, or civil or criminal proceedings
- Military authorities if you are a member of the military
- National Security and Intelligence Organizations
- Correctional institutions
- Organ and tissue donation organizations
- Coroners, medical examiners, and funeral directors consistent with law
- Workers’ compensation agencies, if necessary, for your workers’ compensation benefit determination

We may also disclose relevant PHI to a family member, friend, or anyone else you designate in order for that person to be involved in your care or payment related to your care. We may also disclose PHI to those assisting in disaster relief efforts so that others can be notified about your condition, status, and location.

### **USES AND DISCLOSURES OF YOUR SUBSTANCE AND ALCOHOL USE DISORDER RECORDS**

Federal law and regulations provide extra protections for the confidentiality of certain substance use disorder (SUD) patient records. These extra protections are applicable to SUD treatment information protected under 45 CFR Part 2, which is limited to SUD treatment programs. Generally, the facility may not say to a person outside the program that you are a patient of a SUD program or disclose any information identifying you as a person with a SUD except in the circumstances described below.

We may release your SUD information without your consent under the following circumstances:

- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to qualified service organizations providing services on our behalf who agree in writing to protect the information in the same way that we are required to protect the information;
- The disclosure is made to law enforcement to report a crime you commit, or threaten to commit, in our facility or against our personnel;
- The disclosure is made to report suspected child abuse and neglect as required by state law;
- The disclosure is made to qualified personnel for research subject to ethics board approval and oversight;
- The disclosure is made to qualified personnel for audit or program evaluation who agree in writing to protect the information as required under our policies, and (a) represent federal, state, or local government agencies that are authorized by law to oversee our program, or (b) provide financial assistance to the program or provide payment for health care;
- The disclosure is allowed by a court order and that order includes a subpoena or other legal mandate requiring that we share your information. In particular, note that records, or testimony about your records, cannot be shared in any civil, administrative, criminal, or legislative proceedings against you without your specific written consent or a court order. If there is a court order, your records will only be used or disclosed after notice and an opportunity to be heard is provided where required.

In all other circumstances, we will ask for your consent to release your SUD information. Instances where we may share information with your consent include, but are not limited to:

- When you ask us in writing to share your information;
- When you consent to allow us to share information about you outside of our program for all future treatment, payment, and healthcare operations purposes. You may provide a single consent for all future uses or disclosures for these purposes. Your information disclosed for these purposes may be further disclosed by the recipients without your written consent, to the extent federal privacy law and regulations permit such disclosure. We may use or disclose your records to fundraise for the benefit of our programs only if you have first been provided with an opportunity to elect not to receive fundraising communications.
- When you provide specific consent to release your SUD counseling notes.

If you consent to our sharing your information, you can change your mind and ask us not to at any time by letting us know in writing. If you change your mind, we will stop any future sharing of your information but will be unable to stop any information that has already been released.

### **HEALTH INFORMATION EXCHANGES**

We may participate in health information exchanges (HIEs) to facilitate the secure exchange of your electronic health information between and among other healthcare providers, health plans, and healthcare clearinghouses that participate in the HIE. In order to provide better treatment and coordination of your healthcare, we may share and receive your health information for treatment, payment, or other healthcare operations. Your participation in the HIE is voluntary, and your ability to obtain treatment will not be affected if you choose not to participate. You may opt out at any time by notifying the CompuNet Privacy Officer.

However, your choice to opt out does not affect health information that was disclosed through an HIE prior to the time that you opted out.

#### **NOTE REGARDING STATE LAW**

For all of the above purposes, when state law is more restrictive than federal law, we are required to follow the more restrictive state law. For example, Ohio law requires that we obtain consent from you in many instances before disclosing the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition, before disclosing information about drug or alcohol treatment you have received in a drug or alcohol treatment program, and before disclosing information about mental health services you may have received. For full information on when such consent may be necessary, you can contact our Privacy Officer.

#### **YOUR PATIENT RIGHTS**

##### **RECEIVE TEST INFORMATION**

You have the right to inspect and access your PHI that we have created. You may obtain a form to request a copy of your results by visiting our website at [www.compunetlab.com](http://www.compunetlab.com). You may also call us at 1-937-297-8260 or 1-800-686-2252 to obtain the request form. If your request for test information is denied, you may request that the denial be reviewed. If you have your blood collected at one of our Patient Service Centers, you may request a copy of your test results at the time of collection. You have the right to obtain an electronic copy of your health information that exists in an electronic format, and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous, and specific, with complete name and mailing address or other identifying information.

##### **AMEND HEALTH INFORMATION**

You may request amendments 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 additional information regarding further actions that you may take.

##### **ACCOUNTING OF DISCLOSURES**

You have the right to receive a list of certain disclosures of your PHI made by CompuNet in the past six years from the date of your written request. Under the law, this does not include disclosures made for purposes of treatment, payment, or healthcare operations or certain other purposes. The first accounting in any 12-month period is free. You may be charged for each subsequent accounting you request within the same 12-month period.

##### **REQUEST RESTRICTIONS**

You may request that we agree to restrictions on certain uses and disclosures of your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request, but we will attempt to accommodate reasonable requests when appropriate. We will honor any request to restrict disclosures to your health plan if the information to be disclosed pertains solely to a healthcare item or service for which CompuNet has been paid in full, unless the disclosure is 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.

**BREACH NOTIFICATION**

In the unlikely event that there is a breach or unauthorized release of your PHI, you will receive notice and information on steps you may take to protect yourself from harm.

**CONTACT PERSON**

CompuNet has designated a Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the federal privacy standards. You may contact this person at [privacyoffice@premierhealth.com](mailto:privacyoffice@premierhealth.com) or (937) 499-9789. As a patient, you have the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by email or other electronic means.

**COMPLAINTS/QUESTIONS**

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, in writing, within 180 days of a violation of your rights with the Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. There will be no retaliation for filing a complaint.

To file a complaint with us, or should you have any questions about this Notice, send an email to us at [privacyoffice@premierhealth.com](mailto:privacyoffice@premierhealth.com) or write to us at the following address:

CompuNet Clinical Laboratories Attention: Privacy Officer  
2308 Sandridge Dr. Moraine, OH 45439

**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.