

CD Laboratories

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.

At CD Laboratories, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices ("Notice") describes the protected health information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information.

This Notice is effective July, 2021, and applies to all protected health information as defined by the Health Insurance Portability and Accountability Act ("HIPAA").

Understanding Your Protected Health Information

Your protected health information includes information about your health status, provision of health care, or payment for health care. This includes your laboratory results and may also include additional information such as your name, social security number, date of birth, gender, and other demographic and insurance information.

Examples of Uses and Disclosures of Your Protected Health Information

The following categories describe the ways that we may use and disclose your protected health information without your written authorization.

We may use and disclose your protected health information for your treatment.

For example, your laboratory results will be sent via mail or facsimile to your physician to assist him/her in your treatment.

We may use and disclose your protected health information for payment.

For example, we may disclose your protected health information to seek payment from your insurance company or from another third party. The information on or accompanying the bill to your insurance company may include information that identifies you as well as your diagnosis, and tests performed.

We may use and disclose your protected health information for health care operations.

We may use and disclose your protected health information to conduct our business activities. These uses and disclosures are necessary to run our business and make sure our patients receive quality care. For example, members of our Quality Assurance Staff may use your protected health information to assess the accuracy and quality of our procedures during monthly reviews. We may also disclose your health information to third party "business associates" that perform various services on our behalf, such as transcription, billing, and collection services. In these cases, we will enter into a written agreement with the business associates requiring them to protect the privacy of your health information.

We may disclose protected health information to the extent authorized by and to the extent necessary to comply with laws. For example, we may use and disclose your protected health information in connection with Workers Compensation or other similar programs established by law.

We may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

We may disclose protected health information to law enforcement officials for certain purposes or pursuant to a court order if you are involved in a legal proceeding. Under most circumstances when the request is made

through a subpoena, a discovery request, or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

If you verbally agree to the use or disclosure and in certain other situations, we may make the following uses and disclosures of your protected health information to your family, friends, and anyone else whom you identify as involved in your health care or who helps pay for your care. The protected health information we disclose would be limited to the health information that is relevant to that person's involvement in your care or payment for your care. We may also make these disclosures after your death unless doing so is inconsistent with any prior expressed preference.

We may disclose your protected health information when required by law to do so.

We may disclose protected health information to the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. We only make this disclosure if you agree or when we are required or authorized by law to make the disclosure.

We may disclose your protected health information to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensure and disciplinary actions, or civil, administrative, and criminal proceedings, as necessary for oversight of the health care system, government programs, and civil rights laws.

We may disclose your protected health information to coroners, medical examiners, or funeral directors so that they can carry out their duties.

We may use and disclose your protected health information to organizations that handle procurement, transplantation, or banking of organs, eyes, or tissues.

Under certain circumstances, we may disclose your protected health information to researchers who are conducting a specific research project. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your protected health information without your authorization.

If there is a serious threat to your health and safety or the health and safety of the public or another person, we may use and disclose your protected health information in a very limited manner to someone able to help lessen the threat.

In certain circumstances, HIPAA authorizes us to use or disclose your protected health information to authorized federal officials for the conduct of national security activities and other specialized government functions.

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official to assist them in providing you health care, protecting your health and safety or the health and safety of others, or providing for the safety of the correctional institution.

Please be aware that state and other federal laws may have additional requirements that we must follow or may be more restrictive than HIPAA on how we use and disclose your protected health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your protected health information without your written permission as required by such laws.

Uses and Disclosures of Your Protected Health Information Requiring Authorization

Other uses and disclosures of your protected health information not described in this notice will be made only with your written authorization. Some examples include:

- **Marketing:** We will not use or disclose your protected health information for marketing purposes without your written authorization except as otherwise permitted by law.
- **Sale of Your Health Information:** We will not sell your protected health information without your written authorization except as otherwise permitted by law.

If you change your mind after authorizing a use or disclosure of your protected health information, you may withdraw your permission by revoking the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your protected health information that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization. To revoke an authorization, you must notify the Laboratory's Privacy Officer at privacy@cdlaboratories.com or 410-296-1400.

Your Protected Health Information Rights

With respect to your protected health information, you have the right to:

- **Obtain a paper copy of this Notice on request.** A copy of this Notice is available at our website at <https://cdlaboratories.com/> or you may request a copy by contacting the Laboratory's Privacy Officer at privacy@cdlaboratories.com or 410-296-1400.
- **Inspect and receive a copy of your protected health information.** We may charge you a fee as authorized by law to meet your request. You may request access to your protected health information in a certain electronic form and format, if readily producible, or, if not readily producible, in a mutually agreeable electronic form and format. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed by a licensed health care professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Amend your protected health information.** For example, if your date of birth is incorrect, you may request that the information be corrected. To request a correction or amendment to your protected health information, you must make your request in writing and provide a reason for your request. You have the right to request an amendment for as long as the information is kept by or for us. Under certain circumstances we may deny your request. If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record.
- **Obtain an accounting of disclosures of your protected health information.** Please note that certain disclosures need not be included in the accounting we provide to you. Your request must state a time period which may not go back further than six years. You will not be charged for this accounting, unless you request more than one accounting per year, in which case we may charge you a reasonable cost-based fee for providing the additional accounting(s). We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.
- **Request receive confidential communications of your protected health information by alternative means or at alternative locations.** For example, you may wish to receive information about your health status through a written letter sent to a private address. We will grant reasonable requests. We will not ask you the reason for your request.
- **Request a restriction on certain uses and disclosures of your protected health information.** However, we are not required to agree to your requested restriction, unless that restriction is regarding disclosure of protected health information to your health insurance company and: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the health information pertains solely to a health care item or service for which you or another person (other than your health insurance company) paid for in full. If we agree to your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Choose someone to act for you**
- **File a complaint if you believe your privacy rights have been violated.** For additional information, see the section titled “For More Information or to Report a Problem” below.

All requests or communications to us to exercise your rights discussed below must be submitted in writing to privacy@cdlaboratories.com.

Our Responsibilities

CD Laboratories is required by law to:

- Maintain the privacy of your protected health information,
- Provide you with this Notice as to our legal duties and privacy practices with respect to protected health information we collect and maintain about you,
- Notify you following a breach of unsecured protected health information,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction,
- Accommodate reasonable requests you may have to communicate protected health information by alternative means or at alternative locations

We reserve the right to make changes to this Notice as permitted by law. We reserve the right to make the new Notice provisions effective for all protected health information we currently maintain, as well as any protected health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date listed on the first page. Should our information practices change, we will update this Notice on our website <https://cdlaboratories.com/>.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Laboratory’s Privacy Officer by email at privacy@cdlaboratories.com or call 410-296-1400.

You have the right to file a complaint with us using the above contact information if you believe your rights have been violated. You also have a right to file a complaint with the Office for Civil Rights, US Department of Health and Human Services if you believe your privacy rights have been violated. There will be no retaliation for filing a complaint with either us or the Office for Civil Rights. The address for the Office of Civil Rights is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201