



Notice of Privacy Practices

Lab Works Laboratory is required by law to maintain the privacy of your health information. Lab Works is also required to provide you with a notice that describes Lab Work's legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice. If you have any questions about any part of this Notice or if you want more information about the privacy practices of Lab Works Laboratory, please contact Lab Works' Privacy Officer at 205-637-0982 ext. 5 or by emailing compliance@ourlabworks.com.

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed to follow the law. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, we will have them available upon request.

The following categories describe the ways that Lab Works may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples.

Treatment: We may use or disclose your health care information in the provision, coordination, or management of your health care. Our communications to you may be by telephone, cell phone, email, patient portal, mail, or text. For example, we may use your information to send copies of your laboratory studies to another provider as requested by your primary care physician. call and remind you of an appointment or to refer your care to another physician. If another provider not on your record at Lab Works requests your health information and they are not providing care and treatment to you, we will request an authorization from you before providing your information.

Payment: We may use or disclose your health care information to obtain payment for your health care services. For example, we may use your information to send a bill for your health care services to your insurer.

Health Care Operation. We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received when you visited one of our in-office phlebotomists. If the activities require disclosure outside of our health care organization, we will request your authorization before disclosing that information.

How Lab Works, LLC May Use or Disclose Your Health Information Without Your Written Authorization

1. **Required by Law:** We may use and disclose your health information when that use, or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.
2. **Public Health:** We may release your health information to local, state, or federal public health agencies subject to the provisions of applicable state and federal law for reporting communicable disease, aiding in the prevention or control of certain diseases and reporting problems with products and to the Food and Drug Administration.
3. **Victims of Abuse, Neglect or Violence:** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.
4. **Health Oversight Activities:** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure, and the proceedings related to oversight of the health care system.
5. **Judicial and Administrative Proceedings:** We may disclose your health information during an administrative or judicial proceeding in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request involves another type of administrative order which must meet the conditions for disclosure.
6. **Law Enforcement:** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.
7. **Coroners and Medical Examiners:** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.
8. **Cadaveric, Organ, Eye or Tissue Donation:** We may disclose your health information to organizations involved in procuring organs and tissues for transplantation.
9. Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research which may involve an assessment of how well a drug is working to cure a heart disease or whether a certain treatment is working better than another.
10. **To Avert a Serious Threat to Health or Safety:** We may disclose your health information in a very limited manner to appropriate people to prevent a serious threat to the health or safety of a particular person or the public. Disclosure is usually limited to law enforcement personnel who are involved in protecting public safety.
11. **Specialized Government Functions:** Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.
12. **Workers' Compensation:** Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be

disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.

13. **Health Information**. We may use or disclose your health information to provide information to you about treatment alternative or other health related benefits and services that may be of interest to you.
14. **Record Retention**. Lab Works maintains records for 7 years.

When Lab Works is Required to Obtain an Authorization to Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. If your provider intends to engage in fundraising, you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Your Health Information Rights

1. **Inspect and Copy Your Health Information**. You have the right to inspect and obtain a copy of your health care information. You have the right to request that the copy be provided in an electronic form or format. If the form and format that you request is not readily available to Lab Works, then we will work with you to provide it in a reasonable electronic form or format. For example, you may request a copy of your laboratory records from Lab Works. Depending on the type of request, we may charge you a reasonable fee to cover our expenses for copying your health information.
2. **Request to Correct Your Health Information**. You have a right to request that Lab Works amend your health information that you believe is incorrect or incomplete. For example, if you believe the date of your laboratory record is incorrect; you may request that the information be corrected. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to Lab Works's Privacy Officer at 100 Oxmoor Boulevard, Suite 190, Birmingham, Alabama 35209. You must also provide a reason for your request.
3. **Request Restrictions on Certain Uses and Disclosures**. You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. However, we are not required to agree in all circumstances to your requested restrictions. If you would like to make a request for restrictions, you must submit your request in writing to Lab Works's Privacy Officer at 100 Oxmoor Boulevard, Suite 190, Birmingham, Alabama 35209. A restriction cannot be applied to your health information that has already been disclosed.

4. **Receive Confidential Communications of Health Information.** You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests. To request confidential communications, you must submit your request in writing to Lab Works's Privacy Officer at 100 Oxmoor Boulevard, Suite 190, Birmingham, Alabama 35209.
5. **Receive A Record of Disclosures of Your Health Information.** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made. To request this accounting of disclosures, you must submit your request in writing to Lab Works's Privacy Officer at 100 Oxmoor Boulevard, Suite 190, Birmingham, Alabama 35209. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such a list more than once per year.
6. **Obtain A Paper Copy of This Notice.** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. To obtain a paper copy of this Notice, send your written request to Lab Works's Privacy Officer at 100 Oxmoor Boulevard, Suite 190, Birmingham, Alabama 35209. A copy of this Notice of Privacy Practices may also be found on Lab Works's web site at OurLabWorks.com.
7. **Notified of a Breach.** Lab Works is required by law to maintain the privacy of protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information that qualifies under the federal healthcare privacy rules.
8. **Complaint.** If you believe your privacy rights have been violated, you may file a complaint with Lab Works's Privacy Officer at 100 Oxmoor Boulevard, Suite 190, Birmingham, Alabama 35209 who will provide you with any needed assistance. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services (DHHS). There will be no retaliation against you in any way for filing a complaint.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact Lab Works's Privacy Officer at 100 Oxmoor Boulevard, Suite 190, Birmingham, Alabama 35209 or by calling 205-637-0982 ext. 5.