

**REGIONAL MEDICAL LABORATORIES, INC. (RML)  
REGIONAL MEDICAL LABORATORIES PATHOLOGISTS, PC.**

**NOTICE OF PRIVACY PRACTICES as of April 14, 2003**

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.

We at RML are required by law to maintain the privacy of individually identifiable patient health information (this information is 'protected health information' and is referred to herein as 'PHI'). We are also required to provide patients with a Notice of Privacy Practices regarding PHI. We are required to post this Notice in a prominent place within our facility. We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession including the medical records generated by us.

RML understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how RML will use and disclose your PHI.

This Notice applies to the delivery of health care by RML and its medical staff in the main hospital, outpatient departments, central laboratory and patient service centers. This Notice also applies to the utilization review and quality assessment activities of Trinity Health and RML as a member of Trinity Health, a Catholic health care system with facilities in 7 states.

**I. Permitted Use or Disclosure**

1. **Treatment:** RML will use and disclose your PHI in the provision and coordination of health care to carry out treatment functions.
  - RML will disclose all or any portion of your patient medical record information to your attending physician, consulting physician(s), nurses, technicians, medical students and other health care providers who have a legitimate need for such information in your care and continued treatment.
  - Different departments will share medical information about you in order to coordinate specific services, such as lab work, x-rays and prescriptions.
  - RML also will disclose your medical information to people or entities outside of RML who will be involved in your medical care after you leave RML, such as family members, clergy and others who will provide services that are part of your care.
  - RML will share certain information such as your name, address, employment, insurance carrier, emergency contact information and

appointment scheduling information in an effort to coordinate your treatment with us and with other health care providers.

- RML will use and disclose your PHI to inform you of, or recommend possible treatment options or alternatives that will be of interest to you.
  - RML will use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at RML.
  - If you are an inmate of a correctional institution or under the custody of a law enforcement officer, RML will disclose your PHI to the correctional institution or law enforcement official.
2. **Payment:** RML will disclose PHI about you for the purposes of determining coverage, eligibility, funding, billing, claims management, medical data processing, stop loss / reinsurance and reimbursement.
- The medical information will be disclosed to an insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) involved in the payment of your medical bill and will include copies or excerpts of your medical records which are necessary for payment of your account. It will also include sharing the necessary information to obtain pre-approval for payment for treatment from your health plan.
  - RML will disclose PHI to collection agencies and other subcontractors engaged in obtaining payment for care.
3. **Health Care Operations:** RML will use and disclose your PHI during routine health care operations including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of RML, and for educational purposes.
- For instance, RML will need to share your demographic information, diagnosis, treatment plan and health status for population based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, and contacting health care providers and patients with information about treatment alternatives, in order for us to operate our business in an efficient, safe and legal manner.
4. **More Stringent State and Federal Laws:** The State law of Michigan is more stringent than the Health Insurance Portability and Accountability Act (referred to herein as HIPAA) in several areas. State law is more stringent when the individual is entitled to greater access to records than under HIPAA and when under state law the records are more protected from disclosure than under HIPAA. Certain federal laws also are more stringent than HIPAA. RML will continue to abide by these more stringent state and federal laws. The federal laws include applicable internet privacy laws, such as the Children's Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

EXAMPLE: In Michigan patients have more rights of access to behavioral health information under Michigan law than under HIPAA.

Minors in Michigan have more rights to confidentiality and protection of certain information (reproductive health, behavioral health and substance abuse) than under HIPAA.

## II. Permitted Use or Disclosure with an Opportunity for You to Agree or Object

1. **Family/Friends:** RML will disclose PHI about you to a friend or family member who is involved in your medical care. RML will also give information to someone who helps you pay for your care. In addition, RML will disclose PHI about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have a right to request that your PHI not be shared with some or all of your family or friends.

## III. Use or Disclosure Requiring Your Authorization

1. **Marketing:** RML is not permitted to provide your PHI to any other person or company for marketing to you of any products or services other than the RML's products or services unless you have signed an authorization.
2. **Research:** RML will use or disclose your PHI as part of research that includes providing you with treatment. For example, if you are part of a research study that includes treatment, RML may require that you sign an authorization to allow the researchers to use or disclose your PHI for this research.
3. **Other Uses:** Any uses or disclosures that are not for treatment, payment or operations and that are not permitted or required for public policy purposes or by law will be made only with your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time.

## IV. Use or Disclosure Permitted by Public Policy or Law without your Authorization

1. **Law Enforcement Purposes:** RML will disclose your PHI for law enforcement purposes as required by law, such as responding to a court order or subpoena identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.
2. **Required by Law:** RML will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. RML also will make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order or subpoena. RML will disclose your medical information to government agencies concerning victims of abuse, neglect or domestic violence. RML will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will warrant the use and disclosure of PHI. These government functions will include military and veteran's activities, national security and intelligence activities, and protective services for the President and others. RML will make certain disclosures that are required in order to comply with workers' compensation or similar programs.
3. **Coroners, Medical Examiners, Funeral Directors:** RML will disclose your PHI to a coroner or medical examiner. For example, this will be necessary to identify a deceased person or to determine a cause of death. RML will also disclose your medical information to funeral directors as

necessary to carry out their duties.

4. **Organ Procurement:** RML will disclose PHI to an organ procurement organization or entity for organ, eye or tissue donation purposes.
5. **Health or Safety:** RML will use and disclose PHI to avert a serious threat to health and safety of a person or the public. RML will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. RML will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events, tracking and facilitating product recalls, etc. and post marketing surveillance. Any patient receiving a medical device subject to FDA tracking requirements may refuse to disclose, or refuse permission to disclose, their name, address, telephone number and social security number, or other identifying information for the purpose of tracking.

#### V. Your Health Information Rights

Although we at RML must maintain all records concerning your laboratory work, you have the following rights concerning your PHI:

1. **Right to Inspect and Copy:** You have the right to access your PHI and to inspect and copy your PHI as long as we maintain it except for: psychotherapy notes, information that will be used in a civil, criminal or administrative action or proceeding, and where prohibited or protected by law. RML will deny your request for access to your PHI without giving you an opportunity to review that decision if:
  - You don't have the right to inspect the information; or it is otherwise prohibited or protected by law;
  - You are an inmate at a correctional institution and obtaining a copy of the information would risk the health, safety, security, custody or rehabilitation of you or other inmates;
  - Disclosure of the information would threaten the safety of any officer, employee or other person at the correctional institution or who is responsible for transporting you;
  - You are involved in a clinical research project and RML created or obtained the PHI during that research. Your access to the information will be temporarily suspended for as long as the research is in progress;
  - RML obtained the information that you seek access to from someone other than the health care provider under a promise of confidentiality and your access request is likely to reveal the source of the information; or
  - Under other limited circumstances. In these instances, however, RML will allow the review of its decision by a health care professional that RML has chosen. This person will not have been involved in the original decision to deny your request.
2. **Agreement to Pay Copy Charges:** You agree to pay a reasonable copying charge. You must make your requests to access and copy your PHI in writing to RML. RML will respond to your request within 30 days of its receipt. If RML cannot, we will notify you in writing to explain the delay and the date by which we will act on your request. In any event, RML

will act on your request within 60 days of its receipt.

3. **Right to Amend:** You have the right to amend your PHI for as long as RML maintains it. However, RML will deny your request for amendment if:

- RML did not create the information;
- The information is not part of the designated record set;
- The information would not be available for your inspection (due to its condition or nature); or
- The information is accurate and complete.

If RML denies your request for changes in your PHI, RML will notify you in writing with the reason for the denial. RML will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that RML include your request for amendment and the denial any time that RML discloses the information that you wanted changed. RML may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal

You must make your request for amendment of your PHI in writing to RML, including your reason to support the requested amendment. RML will respond to your request within 60 days of its receipt. If RML cannot, we will notify you in writing to explain the delay and the date by which RML will act on your request. In any event, RML will act on your request within 90 days of its receipt.

4. **Right to an Accounting:** You have a right to receive an accounting of the disclosures of your PHI that RML made, except for the following disclosures:

- To carry out treatment, payment or health care operations;
- To you;
- To persons involved in your care;
- For national security or intelligence purposes;
- To correctional institutions or law enforcement officials; or
- That occurred prior to April 14, 2003.

For each disclosure, you will receive: the date of the disclosure, the name of the receiving organization and address if known, a brief description of the PHI disclosed and a brief statement of the purpose of the disclosure or a copy of the written request for the information, if there was one.

You must make your request for an accounting of disclosures of your PHI in writing to RML. You must include the time period of the accounting, which may not be longer than 6 years. RML will respond to your request within 60 days from its receipt. If RML cannot, RML will notify you in writing to explain the delay and the date by which RML will act on your request. In any event, RML

will act on your request within 90 days of its receipt.

5. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions or to prohibit such disclosure. However, RML will consider your request but is not required to agree to the requested restrictions.

You also have an additional right to limit the release of PHI to family, friends or for use within our facilities. For example, you may ask that your name not be used in the waiting room or that information about your lab encounter not be shared with your family.

6. **Right to Confidential Communications:** You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that RML only contact you at work or by mail.
7. **Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

## VI. Complaints

If you believe your privacy rights have been violated, you may file a complaint with RML or with the Secretary of the Department of Health and Human Services. To file a complaint with RML, please contact our Privacy Official, Gary Roecker, at 269-969-6161. All complaints must be submitted in writing directly to RML's Privacy Official. RML assures you that there will be no retaliation for filing a complaint.

## VII. Sharing and joint use of your Health Information

In the course of providing care to you and in furtherance of RML's mission to improve the health of the community, RML will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

1. **Medical Staff:** The medical staff and RML participate together in an organized health care arrangement to deliver health care to you at RML. Both RML and the medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care services to you at RML. Physicians and allied health care providers will have access to and use your PHI for treatment, payment and health care operations purposes related to your laboratory work at RML. RML will disclose your PHI to the medical staff for payment, treatment and health care operations.
2. **Business Associates:** RML will use and disclose your PHI to business associates contracted to perform business functions on its behalf including Trinity Health, its parent who performs certain business functions for RML. Whenever an arrangement between RML and another company involves the use or disclosure of your PHI, that business associate will be required to keep your information confidential.
3. **Affiliations:** RML is affiliated with the following health care organizations:
  - Regional Medical Laboratories Pathologists, PC
  - Battle Creek Health Systems

- Trinity Health

RML will share your PHI with these organizations for purposes of your treatment, payment and health care operations by these organizations.

#### **VIII. Additional Information**

For further information regarding the issues covered by this Notice of Privacy Practice, please contact: Larry DePompolo, Regional Medical Laboratories, Inc., P.O. Box 1518, Battle Creek, MI 49016. Phone 269-969-6161.

#### **IX. Changes to this Notice**

RML will abide by the terms of the Notice currently in effect. RML reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. RML will provide you with the revised Notice at your first visit following the revision of the Notice.