NOTICE OF PRIVACY PRACTICES STATEMENT

This notice describes how medical information about you may be used and disclosed and how you can access this information.

PLEASE REVIEW IT CAREFULLY.

ARUP’S PRIVACY PRACTICES

ARUP Laboratories (ARUP) is committed to protecting the confidentiality of your medical information. We maintain the privacy of your protected health information as described in this notice, and we follow the standards established by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Privacy Rule. This notice applies to protected health information that we create, receive, maintain, or transmit. We will not alter your privacy rights or our duties to protect your health information because you file a complaint with the Department of Health and Human Services (HHS) or because you request restrictions in the use and disclosure of your protected health information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION PERMITTED BY LAW

In general, we use and disclose your protected health information for the purposes described in this notice. This notice describes our legal duties and privacy practices and how we are required or permitted to use or disclose your protected health information. We will follow the privacy practices described in this notice while you are a patient of our laboratories. We will also follow the then-current notice after we adopt a revised notice.

FOR TREATMENT: We may use your protected health information to provide you with medical treatment and other services. We may also disclose your protected health information to others who need to know about you in order to provide this treatment. We may disclose your protected health information to family members or others involved in your care. For example, we will allow your physician to have access to your laboratory results to assist in your care. We may also disclose protected health information to family members or others involved in your care. For example, we will allow your physician to have access to your laboratory results to assist in your care.

FOR PAYMENT: We may use and disclose your protected health information to get paid for the medical services and supplies we provide to you. For example, your health plan or insurance company may ask to see parts of your medical record before they will pay us for your treatment.

FOR HEALTHCARE OPERATIONS: We may use and disclose your protected health information for healthcare operations, which include patient and internal education, quality assessment and improvement activities, and administration, planning, and other various activities that improve the quality of care we provide to patients. We may disclose certain protected health information to companies that perform administrative functions on our behalf, such as claims processing and data analysis or accounting or legal services, but we will only do so after they have agreed to our terms, including an agreement that they will abide by our privacy policy and business associate agreements.

ARUP cannot use your protected health information for anything other than the reasons mentioned above without your authorization. If you do not authorize us to disclose your protected health information, we will not disclose it. You have the right to authorize the disclosure of your protected health information at any time. If you wish to request restrictions in the use and disclosure of your protected health information, you must complete an Access Authorization Form. Within thirty (30) days after our receipt of your request, we will notify you in writing of our decision regarding your request. If we deny your request, we will provide a detailed written explanation of our reasons for the denial. If you disagree with our decision, you may request that your record be amended accordingly.

FOR MEDICAL, NATIONAL SECURITY, AND OTHER GOVERNMENT PURPOSES: If you are a member of the armed forces, we may release your protected health information in the Department of Veterans Affairs as required by military command authorities. We may also disclose protected health information to federal officials for intelligence and national security purposes, or for presidential proctorive services.

FOR JUDICIAL PROCEEDINGS: We may disclose your protected health information if we are ordered to do so by a court or if we receive a subpoena or a search warrant.

FOR HEALTH OVERSIGHT ACTIVITIES: We may disclose protected health information to a government agency that oversees ARUP or its personnel, such as the College of American Pathologists (CAP), the federal agency that oversees Medicare and Medicaid (CMS), and the FDA, to ensure compliance with state and federal laws.

TO CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may disclose protected health information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

FOR ORGAN AND TISSUE DONATION: We may disclose protected health information to organizations that facilitate organ, eye, or tissue donation or transplantation.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

ARUP cannot use your protected health information for anything other than the reasons mentioned above without your authorization. If you do not authorize us to disclose your protected health information, we will not disclose it. You have the right to authorize the disclosure of your protected health information at any time. If you wish to request restrictions in the use and disclosure of your protected health information, you must complete an Access Authorization Form. Within thirty (30) days after our receipt of your request, we will notify you in writing of our decision regarding your request. If we deny your request, we will provide a detailed written explanation of our reasons for the denial. If you disagree with our decision, you may request that your record be amended accordingly.

INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS OR FOR PUBLIC HEALTH OR SAFETY: If you would like to receive such a list, write to ARUP’s privacy officer. Your request must state a time period during which the accounting is to be made, although we may make an accounting only for the prior six years. We will provide the first list free of charge, but we may charge you for any additional lists you request during the same 12-month period. We will tell you in advance of any charges, and let you know about the fee in advance.

RIGHT TO REQUEST RESTRICTIONS ON HOW ARUP WILL USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS: You have the right to request that ARUP restrict how your protected health information is used or disclosed. For example, if you would like to restrict the disclosure of your health information to your employer, you may request that ARUP restrict such a disclosure. Your request must state a time period during which the restriction is to be made, although we may grant a restriction only for the prior six years. We will notify you in advance of any charges, and let you know about the fee in advance. We will grant your request if granting the request is not reasonably expected to be harmful to you.

CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose protected health information. We will implement patient rights concerning such information. We reserve the right to change this notice and to make new provisions effective for all protected health information we maintain. We will inform you of any new or amended notice by mailing you a new notice or publishing a notice in a local newspaper or in a facility newsletter or bulletin. If you request a copy of this notice in a language other than English, we will provide it to you at no cost.

QUESTIONS, CONCERNS, OR COMPLAINTS

If you have any questions about this notice or if you have further questions about how ARUP may use and disclose your protected health information, please contact ARUP’s privacy officer at (800) 242-2787, ext. 2063.

If ARUP cannot resolve your concern or complaint, you may also file a complaint with the federal government. We will not penalize you for filing a complaint.

Effective Date: November 30, 2018