

## **AIT Laboratories' Notice of Privacy Practices**

I. 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.

This notice describes the privacy practices of AIT Laboratories and it applies to all departments and units of AIT Laboratories that provide clinical, forensic, or pharmaceutical laboratory services.

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II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

We are legally required to protect the privacy of your health information. We call this information "protected health information," or "PHI" for short, and it includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes to our privacy practices will apply to the PHI we already have in our possession, or information we may receive about you in the future. When we make an important change to our policies, we will change this notice and publish the new notice. You can also request a copy of this notice at any time and can view a copy of the notice on our Web site at [www.aitlabs.com](http://www.aitlabs.com).

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III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose health information for many different reasons. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. We may use and disclose your PHI for the following reasons:

1. For treatment. We may disclose your PHI to physicians, nurses, and other health care personnel who provide you with health care services or are involved in your care. For example, we may provide your PHI to your physician.
2. To obtain payment for treatment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also disclose PHI about you to other health care providers or to your health plan so that they can arrange for payment relating to your care. We may also provide your

PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.

3. For health care operations. We may disclose your PHI in order to operate this laboratory. For example, we may use your PHI in order to evaluate the quality of our testing. We may also provide your PHI to our accountants, attorneys, consultants, and others in order run our business and to make sure we're compliant with the laws that affect us.

B. Certain Uses and Disclosures Do Not Require Your Consent. We may use and disclose your PHI without your consent or authorization for the following reasons:

1. When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence when ordered in a judicial or administrative proceeding.

2. For public health activities. For example, we report information about various diseases, to government officials responsible for collecting that information, and we may provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

3. For health oversight activities. For example, we will provide information to assist the government when it conducts an investigation, audit, inspection, or licensure of a health care provider or organization.

4. For research purposes. In certain circumstances, we may provide PHI in order to conduct medical research.

5. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

6. For specific government functions. We may disclose PHI of military personnel and veterans, in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

7. For workers' compensation purposes. We may provide PHI in order to comply with workers' compensation laws.

C. One Use and Disclosure Requires You to Have the Opportunity to Object:

- Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in section III A, B, and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing, to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

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#### IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

A. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request for restriction if it is not feasible for us to comply or if we believe that it will negatively impact our ability to treat you. To request a restriction, you must make your request in writing to the Privacy Official identified on the last page of this notice. In your request, you must tell us what information you want to limit and to whom you want the limits to apply. If we accept your request, we will comply with your request, unless the information is needed to provide emergency treatment. You may not limit the uses and disclosures that we are legally required or allowed to make.

B. **The Right to Choose How We Communicate With You.** You have the right to ask that we communicate information to you at an alternate location (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). To request that we communicate with you in a certain way, you must make your request in writing to the Privacy Official identified on the last page of this notice. We must agree to your request as long as we can easily provide it in the format you requested.

C. **The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. Note: Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations and state law will determine whether a lab can provide test results directly to a patient.

If you request copies of your PHI, we will charge you for each page, and the cost of postage. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI, as long as you agree to that and to the cost in advance.

D. **The Right to Receive an Accounting of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures made to carry out treatment, payment, or health care operations, pursuant to your authorization, directly to you, to your family, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

To request a list of the disclosures we have made, you must submit a request in writing to the Privacy Official identified on the last page of this notice. Your request must state a time period which may not be more than six (6) years and may not include dates before April 14, 2003. We will respond within 60 days of receiving your request. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you for each additional request.

E. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii)

not allowed to be disclosed or (iv) not part of our records. Our written denial will state the reason for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

F. The Right to Get This Notice by E-Mail. You have the right to request and receive a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

Any requests made pursuant to the rights identified in this Section IV must be made in writing to the Chief Privacy Officer listed in this Notice.

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## V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a written complaint with AIT Laboratories, Inc. or you may file a written complaint to the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you file a complaint about our privacy practices.

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If you have any questions about this notice or any complaints about our privacy practices, please contact:

June Henderson, Director of Human Resources  
AIT Laboratories, Inc.  
2265 Executive Drive, Suite A  
Indianapolis, IN 46241  
(317) 243-3894

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## VII. EFFECTIVE DATE OF THIS NOTICE.

This notice went into effect on **April 14, 2003**.