

NOTICE OF PRIVACY PRACTICES

PURPOSE:

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 takes effect April 14th 2003 and remains in effect until we replace it.

1.0 OUR PLEDGE REGARDING MEDICAL INFORMATION:

The privacy of your medical information is important to LABS. LABS understands that your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways LABS may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2.0 OUR LEGAL DUTY:

1. Law Requires Us to:
 - a. Keep your medical information private.
 - b. Give you this notice describing our legal duties, privacy practices and your rights regarding your medical information.
 - c. Follow the terms of notice that is now in effect.
2. LABS Has the Right to:
 - a. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
 - b. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.
3. Notice of Changes Privacy Practices:
 - a. Before LABS makes an important change in our privacy practices, we will change this notice and make the new notice available upon request.
 - b. Updated versions of the Notice of Privacy Practices will be posted on LABS website.

3.0 USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION:

The following section describes different ways that LABS might use or disclose medical information. For each kind of use or disclosure, we will explain what is meant and give an example. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use or disclose medical information. LABS will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

1. For Treatment:
 - a. LABS may use medical information about you to provide you with medical treatment or services. LABS may disclose medical information about you to doctors, nurses, technicians, medical students or other people who are taking care of you.

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EXAMPLE: You are in the hospital with a broken leg. You also have diabetes. A number of health care and support staff need to know about your diabetes during your stay:

- 1) The doctor treating you for the broken leg needs to know if you have diabetes, because diabetes may slow the healing process.
 - 2) The dietician needs to know about your diabetes to arrange proper meals.
 - 3) The pharmacy needs to know about possible medicines that you may need as a diabetic.
 - 4) The information about your diabetes may help in diagnostics, testing and x-ray work.
- b. LABS may also share medical information about you to your other health care providers to assist them in treating you.
2. For Payment:
- a. LABS may disclose your medical information for payment purposes.
EXAMPLE: You are treated in the hospital for a broken leg.
 - 1) We need to give your health insurance plan information about testing you received at our organization so that your health plan will pay us or repay you for any services that you paid for.
 - 2) We may also tell your health plan about treatment you are going to receive to get approval or to determine if your plan will pay for treatment.
3. For Health Care Operations:
- a. LABS may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs and getting accreditations, certificates, licenses and credentials we need to serve you.

4.0 ADDITIONAL USES AND DISCLOSURES:

In addition to using and disclosing your medical information for treatment, payment and health care operations, LABS may use and disclose medical information for the following purposes:

1. Notification:
 - a. Medical information to notify or help notify:
 - 1) A family member
 - 2) Your personal representative
 - 3) Another person responsible for your care.
 - b. LABS will inform the above persons about your location, general condition or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and/or if you are not able to give or refuse permission, LABS will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medical information for you.
2. Disaster Relief:
Medical information with a public or private organization or person who can legally assist in disaster relief efforts

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3. **Research in Limited Circumstances:**
Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.
4. **Funeral Director, Coroner, Medical Examiner:**
To help them carry out their duties, LABS may share the medical information of a person who has died with a coroner, medical examiner, funeral director or organ procurement organization.
5. **Specialized Government Functions:**
Subject to certain requirements, LABS may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public health.
6. **Court Orders, Judicial and Administrative Proceedings:**
LABS may disclose medical information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may share your medical information with law enforcement officials. LABS may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. LABS may share the medical information of an inmate or other person in custody with a law enforcement official or correctional institution under circumstances as defined by law.
7. **Public Health Activities:**
As required by law, LABS may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. LABS may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products or to conduct activities required by the Food and Drug Administration. LABS may also, when authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.
8. **Victims of Abuse, Neglect or Domestic Violence:**
LABS may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. LABS may share your medical information if it is necessary to prevent a serious threat to your health safety or the health or safety of others. LABS may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

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9. **Workers Compensation:**
LABS may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.
10. **Health Oversight Activities:**
LABS may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized proceedings.
11. **Law Enforcement:**
Under certain circumstances, LABS may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, report regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises and crimes in emergencies.

5.0 YOUR INDIVIDUAL RIGHTS:

1. Look at or get copies of your medical information. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact address listed at the end of this notice. If you request copies, LABS will charge you \$3.50 for each page and postage if you want the copies sent to you.
2. Receive a list of all the instances LABS or our business associates shared your medical information for purposes other than treatment, payment or health care operations and other specified exceptions. You may receive this information by sending a letter to the contact address listed at the end of this notice.
3. Request in writing that LABS place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that LABS communicate with you about your medical information by different means or to different locations. The request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact address listed at the end of this notice.
5. Request in writing that LABS change your medical information. LABS may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a written statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make responsible efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

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6. You have the right to obtain a paper copy by making a request in writing to the contact address listed at the end of this notice.

Questions and Complaints: If you have any questions about this notice, please contact:

Privacy Officer
LABS, Inc.
6933 B South Revere Parkway
Centennial, CO 80112
(303)-365-9000

If you think LABS may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. LABS will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. LABS will not retaliate in any way if you choose to file a complaint.

Acknowledgement Form:

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name (Please Print) _____

Signature _____

Date/Time _____