

NOTICE OF PRIVACY PRACTICES

(includes Omnibus changes as of March 2013)

Effective Date: 4/8/2019

THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice of Privacy Practices ('Notice'), please contact:

Privacy Officer: Andrea Matter

Phone Number: (414) 316-3097

Section A: Who Will Follow This Notice?

This Notice describes RPRD Diagnostics, LLC. (hereafter referred to as 'RPRD') Privacy Practices and that of any workforce member authorized to create medical information referred to as Protected Health Information (PHI) which may be used for purposes such as Treatment, Payment and Healthcare Operations. These workforce members may include:

- all departments of RPRD.
- any member of a volunteer group.
- all employees, staff and other RPRD personnel.
- any entity providing services under RPRD's direction and control will follow the terms of this notice. In addition, these entities, sites and locations may share PHI with each other for Treatment, Payment or Healthcare Operational purposes described in this Notice.

RPRD is committed to comply with and address data protection requirements under all laws that apply to our business, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA). This Notice of Privacy Practices (“Notice”) explains how we handle your personal data and PHI in connection with the provision of clinical laboratory testing services.

Section B: Our Pledge Regarding Your Personal Data and Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting your Personal Health Information (PHI) by complying with and addressing data protection requirements under all laws that apply to our business, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA). This Notice explains how we handle your personal data and PHI in connection with the provision of clinical laboratory testing services. We create a record of services you receive at the RPRD. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or maintained by the RPRD Provider, whether made by RPRD personnel or your personal doctor.

This Notice will tell you about the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

Section C: How We May Use and Disclose Medical and Personal Information about You

Personal data that we may process includes the following types of data: name, date of birth, address, e-mail address, telephone numbers (landline and mobile), insurance status, unique numbers that could identify you such as government or private insurance numbers, social security numbers, driver’s license or national ID numbers, gender, marital status, and your

PHI including but not limited to, names and addresses of your healthcare providers, dates of service, laboratory test results, diagnosis, information about your family or ethnicity (only to the extent required to enable us to provide you with accurate results or diagnostics), genetic or biometric data, and information about your credit card or other forms of payment used to pay for our services. For reference, PHI includes laboratory test results and invoices and billing data relating to the healthcare services we provide.

The following categories describe different ways that we use and disclose your personal data and PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within several categories.

- **Treatment, Benefits and Services.** As a service provider we may disclose your PHI to doctors, nurses, technicians, or health care students outside RPRD, or other RPRD personnel who are involved in your health care in order to determine care management options. For example, your PHI will be shared among your doctor(s) and healthcare professionals. These disclosures may occur after services received from RPRD. We may also make your PHI available to providers by making it accessible through a Health Information Exchange (HIE), and electronic network that makes it possible to share information electronically, but no one will be permitted to access it through the HIE without your consent except in an emergency and not even then if you direct us not to. Be aware that if your physician allows us to transfer your laboratory reports to his or her electronic health record (HER) in his or her office, once they have been transferred anyone taking care of you at that office may be able to access your laboratory results directly.
- **Payment.** We may use and disclose PHI about you so that the services you receive from RPRD may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received from RPRD so your health plan will pay us or reimburse you for those services. We may also tell your health plan about a prescribed treatment to obtain prior approval or to determine whether your plan will cover the treatment.
- **Healthcare Operations.** We may use and disclose PHI about you in the course of operating the RPRD's clinical laboratory. These uses and disclosures are necessary to run RPRD and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services for quality improvement, to evaluate the performance of our staff in caring for you, to prepare for state and federal regulatory reviews, or to train health care and non health care professionals. We may

also combine PHI about many RPRD patients to decide what additional services RPRD should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other RPRD personnel for review and learning purposes. We may also combine the PHI we have with PHI from other sites to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information and PHI so others may use it to study health care and health care delivery without learning a patient's identity.

- **Treatment Alternatives.** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use information about you to contact you in an effort to raise money for the RPRD and its operations. We may disclose information to a foundation related to the RPRD so that the foundation may contact you about raising money for the RPRD. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the RPRD. If you do not want the RPRD to contact you for fundraising efforts, you must notify us in writing and you will be given the opportunity to 'Opt-out' of these communications.

- **Authorizations Required**

We will not use your protected health information for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization; this includes uses of your PHI for marketing or sales activities.

- **Emergencies.** We may use or disclose your PHI if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.
- **Communication Barriers.** We may use and disclose your PHI if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release PHI about you to a friend or family member who is involved in your medical care and we may also give information to someone who helps pay for your care, unless you object in writing and ask us not to provide this information to specific individuals. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received a particular dosage of medication to those who received another, for the same condition, but with different pharmacogenomic profiles. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose PHI for research, the project will have been approved through this research approval process, but we may disclose your PHI to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave RPRD. We will almost always generally ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care from RPRD.
- **As Required By Law.** We will disclose your PHI when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Completely De-identified or Partially De-identified Information.** We may use and disclose your health information if we have removed any information that could identify you. Where permitted by applicable law, we may also use and disclose health information about you for research, public health and specific healthcare operations if most of your identifiers are removed and the person who will receive the information signs and agreement to protect the privacy of the information as required by federal and applicable law. In that case, any direct identifiers would be removed, but your zip code, date of birth, dates of service would not be removed.
- **Email Use.**

Email will only be used following RPRD's current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged.

Section D: Special Situations

- **Organ and Tissue Donation.** If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release your PHI for workers' compensation or similar programs.
- **Public Health Risks.** We may disclose your PHI for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose

your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant, summons or similar process;
 - to identify or locate a suspect, fugitive, material witness, or missing person;
 - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - about a death we believe may be the result of criminal conduct;
 - about criminal conduct at RPRD; and
 - in emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release your PHI about patients of RPRD to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities.** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.** We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

- **Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information.** We will comply with all special federal and state privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. To the

extent applicable, RPRD would need to get your written permission before disclosing that information to others in many circumstances.

Section E: Your Rights Regarding Medical and Personal Information about You

You have the following rights regarding PHI we maintain about you:

- **Right to Access, Inspect and Copy.** You have the right to access, inspect and copy the PHI that may be used to make decisions about your care, with a few exceptions. Usually, this includes medical and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- We may deny your request to inspect and copy PHI in certain very limited circumstances. If you are denied access to PHI, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by RPRD will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for RPRD. In addition, you must provide a reason that supports your request.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the PHI kept by or for RPRD;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an 'Accounting of Disclosures'. This is a list of the disclosures we made of PHI about you. Your

request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the accounting (for example, on paper or electronically, if available). The first accounting you request within a 12 month period will be complimentary. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for payment or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a test you had. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply (for example, disclosures to your spouse). We are not required to agree to these types of request. We will not comply with any requests to restrict use or access of your PHI for treatment purposes.

You also have the right to restrict use and disclosure of your PHI about a service or item for which you have paid out of pocket, for payment (i.e. health plans) and operational (but not treatment) purposes, if you have completely paid your bill for this item or service. We will not accept your request for this type of restriction until you have completely paid your bill (zero balance) for this item or service. We are not required to notify other healthcare providers of these restrictions, that is your responsibility.

- **Right to Receive Notice of a Breach.** We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:
 - a brief description of the breach, including the date of the breach and the date of its discovery, if known;
 - a description of the type of Unsecured Protected Health Information involved in the breach;
 - steps you should take to protect yourself from potential harm resulting from the

breach;

- a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional Information.

In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our website or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or hard copy or e-mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website. www.rprdx.com

To exercise the above rights, please contact the individual listed at the top of this Notice to obtain a copy of the relevant form you will need to complete to make your request.

Section F: Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice. The Notice will contain on the first page, in the top right hand corner, the effective date.

Section G: Complaints

If you believe your privacy rights have been violated, you may file a complaint with RPRD or with the Secretary of the Department of Health and Human Services;

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

To file a complaint with the RPRD, contact the individual listed on the first page of this Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Section H: Other Uses of Medical and Personal Information

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Section I: Organized Healthcare Arrangement

RPRD, the independent contractor members of its Medical Staff (including your physician), and other healthcare providers affiliated with RPRD have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your healthcare needs.