

**Trumbull Laboratories, LLC  
and Pathology Group of the Midsouth, PC**

**PATIENT NOTICE OF PRIVACY PRACTICES**

**IMPORTANT: 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.**

**Trumbull Laboratories, LLC and Pathology Group of the Midsouth, PC (“TL/PGM”)** creates and maintains a record of the services you receive for use in your care and treatment. TL/PGM understands that your health and your health information are personal. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), TL/PGM is required by law to maintain the privacy of medical or health information that identifies you, which is called protected health information (PHI). We are committed to maintaining the confidentiality of your protected health information. This Patient Notice of Privacy Practices (“Patient Notice”) will inform you about the ways we use and disclose your PHI, about your rights and about certain obligations we have regarding the use and disclosure of your protected health information.

**TL/PGM is required by law to:**

- (1) Maintain the privacy of your protected health information;
- (2) Provide you with this Patient Notice of our legal duties and privacy practices concerning your protected health information;
- (3) Abide by the terms of this Patient Notice;
- (4) Notify affected individuals following a breach of unsecured protected health information (See Right to Be Notified of a Breach); and
- (5) Make good faith efforts to obtain your written acknowledgement that you received this Patient Notice.

Additionally, TL/PGM reserves the right to change this Patient Notice. We reserve the right to make any new Patient Notice that will be adopted effective for any and all protected health information we maintain. Any new Patient Notice adopted will be posted on our website and may be sent to you through U.S. Mail the next time you receive services from TL/PGM.

**HOW TL/PGM MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

As permitted under the HIPAA regulations, TL/PGM may use and disclose protected health information in many ways. The following sections describe the different ways in which we may use and disclose your protected health information. In each category, we will provide some description of permitted uses and disclosures. Not every use or disclosure will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

- **Treatment.** TL/PGM may use or disclose protected health information for treatment purposes. This may include disclosures to another provider who is involved in your treatment (for example, a doctor, nurse, specialist, pharmacy, or laboratory); disclosures to a health care entity that provides you with needed patient care services, (for example, laboratory tests, prescriptions, etc.); and disclosure to any other health care professional that is involved in the coordination of your care.
- **Payment.** TL/PGM may submit claims to your insurance company containing protected health information to bill and collect payment for laboratory or other services we provide. For example, TL/PGM may provide protected health information to your health plan to receive payment for the health care services provided to you.
- **Health Care Operations.** TL/PGM may use and disclose protected health information for the purpose of our business operations. These uses and disclosures are necessary for management and operations purposes to make sure our patients receive quality and cost efficient services. In addition, TL/PGM may also use and disclose protected health information to evaluate the quality of our laboratory testing, the accuracy of results, and for various accreditation functions. Other examples of health care operations include, but are not limited to, conducting quality assessment and improvement activities; reviewing the competence or qualifications of health

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care providers and other staff; and compiling and analyzing information in anticipation of or for use in civil or criminal legal proceedings.

- **Business Associates.** We may use and disclose protected health information to a company that helps us in performing certain business functions or that provides us with business services. These companies are called “Business Associates” and must keep any protected health received from us confidential in the same manner as TL/PGM. Business associates perform various services for us, including, but not limited to, billing, auditing, legal services and accrediting. In addition, at the request of your health care provider or health plan, TL/PGM may disclose protected health information to their Business Associates for purposes of performing certain business functions or health care services on their behalf.
- **To Individuals Involved in Your Care or Payment for Your Care.** TL/PGM may disclose protected health information to a person who is involved in your care or who helps pay for your care (such as a family member), unless you object. As allowed by federal and state law, TL/PGM may disclose a minor’s protected health information to parents or legal guardians. We may also disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified of your location and general condition.
- **Fundraising Activities.** TL/PGM may use certain information about you, such as your name, address and phone number, and dates we provided care to you, without your written authorization, in order to contact you for the purpose of raising funds for TL/PGM. You have the right to opt out of receiving such communication with each solicitation. Your decision to opt out will not impact your treatment or payment for services at TL/PGM.
- **De-identified Information, Limited Data Sets and Research.** TL/PGM may use and disclose protected health information that has been “de-identified” by removing certain identifiers to make it unlikely that you could be identified. Further, TL/PGM may disclose limited health information, contained in a “limited data set.” This limited data set does not contain any information that could directly identify you and use of such limited data sets is controlled by the HIPAA regulations. For example, a limited data set may include your city, county and zip code, but not your name or street address. TL/PGM may use and disclose your protected health information for certain kinds of research. However, all research projects that do not require your authorization are subject to a special approval process to ensure that the research poses minimal risk to your privacy. In these instances, HIPAA regulations allow us to do some research using your protected health information without your approval.

### **USES AND DISCLOSURES WHERE YOUR AUTHORIZATION IS NOT REQUIRED**

In addition to those uses and disclosures listed above, the HIPAA regulations require some protected health information to be disclosed in certain circumstances. The complete list of situations in which TL/PGM must disclose your protected health information by law is below:

- **Required By Law.** TL/PGM will use or disclose your protected health information when required to do so by federal, state or local law. You may be notified, as required by law, of any such uses or disclosures.
- **Public Health and Communicable Diseases.** We may use or disclose your protected health information for public health activities and purposes to a public health authority or governmental agency that is permitted by law to collect or receive the information. These generally include: (1) disclosures to a public health authority for the purpose of controlling disease, injury or disability; (2) disclosures to report child abuse or neglect, or to report births or deaths; (3) disclosures to the Food and Drug Administration to report adverse events or product defects, to track products, to enable product recalls, and to make repairs or replacements; or, disclosures to conduct post marketing surveillance or other instances as required by law to a state or federal government agency to facilitate their functions; (4) disclosures, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition; (5) disclosures to an employer in certain circumstances; and (6) disclosures to a school about an individual who is a student or prospective student of the school in certain circumstances.

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- **Health Oversight.** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Abuse or Neglect.** We may disclose your protected health information to a government authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity authorized to receive such information.
- **Legal Proceedings.** We may disclose protected health information in the course of any judicial or administrative proceeding; in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and, if certain conditions are met, in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.
- **Law Enforcement.** We may also disclose protected health information for law enforcement purposes, so long as applicable legal requirements are met. These law enforcement purposes include, by way of example: (1) responding to a court order or similar legal processes; (2) for identification and location purposes of a suspect, fugitive, material witness or missing person; (3) pertaining to a victim of a crime; (4) about a death that we believe occurred as a result of criminal conduct; (5) in relation to a crime that occurs on the premises of TL/PGM; (6) in certain situations if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and (7) in emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person suspected of committing a crime.
- **Coroners, Funeral Directors, and Organ Donation.** We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Protected health information may be used and disclosed to organizations for organ, eye or tissue donation purposes.
- **Military Activity and National Security.** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are armed forces personnel in the following instances: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized. Disclosure will be made only in compliance with U.S. law.
- **Workers' Compensation.** As authorized by applicable laws, we may use or disclose your protected health information to comply with workers' compensation or other similar programs following a written request by your employer, workers' compensation insurer or their representative.
- **Inmates.** We may use or disclose your protected health information if you are an inmate of a correctional facility, or under the custody of a law enforcement official, for health, safety and security purposes.
- **Personal Representatives.** TL/PGM may, under certain circumstances, disclose protected health information to your personal representative, as established under applicable state law, or to an administrator, executor or other authorized individual associated with your estate.
- **Shared Medical Record / Health Information Exchanges.** TL/PGM may maintain protected health information in shared electronic health records that allow us to share protected health information with associated

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entities. We may also participate in various electronic health information exchanges that facilitate access to protected health information by other health care providers who provide you care.

### **ALL OTHER USES AND DISCLOSURES OF PHI**

All other uses and disclosures of your protected health information not described above will be made only with your written authorization. In order for us to release your protected health information for any reason other than those listed above, you must give us a written authorization that clearly explains how your information will be used. You may change your mind and revoke your authorization, except to the extent that action has been taken in reliance on the authorization or if the authorization was obtained as a condition of obtaining insurance coverage. All requests to revoke an authorization must be in writing. If TL/PGM determines that an authorization request gives an improper, inaccurate and/or misleading description of an individual's health condition, TL/PGM shall decline to release less than the individual's entire record.

Additionally, release of the following information requires written authorization even though release of this type of information may be related to treatment, payment or health care operations: (1) alcoholism/drug abuse treatments; (2) psychotherapy notes; (3) uses and disclosures for certain marketing purposes; and (4) disclosures that would constitute the sale of your protected health information.

### **USE OF YOUR AUTHORIZATION AND PATIENT NOTICE**

You do not have to sign an authorization form; however, such refusal may prevent us from completing a task you have requested (such as enrollment in a research study or examining you to create a report for your attorney). Your refusal to sign an authorization form will not be held against you. TL/PGM will contractually require our Business Associates to follow the same confidentiality laws and rules required of TL/PGM. We will not allow others outside of TL/PGM and TL/PGM's Business Associates to have access to your protected health information unless we have the appropriate authorization to do so. Since TL/PGM providers and staff do not see patients, TL/PGM will provide this Patient Notice electronically on our website. We may request your acknowledgement of receipt of this Patient Notice electronically also. TL/PGM requires your authorization to release information in any instance not set forth on this Patient Notice. With your authorization, we will release the information that you have approved for release.

### **PATIENT RIGHTS REGARDING PHI**

Subject to certain exceptions, HIPAA establishes the following patient rights with respect to protected health information:

- **Right to Receive This Patient Notice.** You have the right to receive a paper copy of this Patient Notice of Privacy Rights. This Patient Notice will also be posted on the TL/PGM website at [www.trumbulllabs.com](http://www.trumbulllabs.com). Any material revisions to this Patient Notice will be made available to you within 30 days of revision.
- **Right to Request Restrictions.** You have a right to request restrictions regarding how we use and disclose your protected health information regarding treatment, payment, health care operations. You also have a right to request a limit on the amount of protected health information we disclose to someone who is involved in your care or the payment for your care. TL/PGM will consider your request, but we are not required to agree to your restriction or limitation. If we do agree to your requested restriction or limitation, we will state the agreed restriction or limitation in writing and will follow your request, unless you are in need of emergency treatment, and the information is needed to provide emergency care. Further, your approved restriction or limitation will not prevent us from releasing information as required by other federal, state and local laws [see above for USES AND DISCLOSURES WHERE YOUR AUTHORIZATION IS NOT REQUIRED].

In addition to the above restrictions, TL/PGM will agree to restrict disclosure of your protected health information to a health plan if the purpose of the disclosure is to carry out payment or health care operations IF the restriction request pertains solely to a health care item or service for which the patient (or the patient's representative) has paid TL/PGM in full ("out of pocket"). To request a restriction, you must make your request in writing using the form provided by TL/PGM. Please contact the Privacy Officer of TL/PGM listed below for details and the required form.

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- **Right to Be Notified of a Breach.** TL/PGM is required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information unless there is a demonstration, based upon a risk assessment, that there is a low probability that the protected health information has been compromised. You will be notified without unreasonable delay and such notification will include information about what happened and what can be done to mitigate any potential harm.
- **Right to Access, Inspect and Copy.** Generally, you have the right to access, to inspect and to receive a copy of your protected health information that may be used to make decisions about your care or payment for your care, as permitted by law. For protected health information for which you have a right of access, you have the right to access and receive your PHI in an electronic format if it is readily accessible in such format. If you request a copy of the PHI, we may charge a fee for the costs of copying, mailing and other materials associated with your request. Recent changes to federal laws that regulate laboratories now allow a laboratory to provide completed test reports directly to a patient. However, TL/PGM will not interpret any test reports. Please contact the Privacy Officer of TL/PGM listed below for details and the required form.
- **Right to Request Confidential Communications.** You have a right to request that we communicate about your treatment and/or protected health information by alternative means or at alternative locations. We will accommodate reasonable requests. We require that you make this request in writing and that it specify how or where you wish to be contacted. Please contact the Privacy Officer of TL/PGM listed below for details and the required form.
- **Right to Amend.** If you believe that your protected health information is incorrect or incomplete, you have the right to request an amendment. TL/PGM requires that all requests for amendments be in writing and provide a detailed reason to support the requested amendment. Under the HIPAA regulations, we may deny the requested amendment. If your request is denied, we will provide an explanation of the reason for the denial. If your amendment is approved, the amendment may be made in the form of an addendum, as is common practice in the medical field. Please contact the Privacy Officer of TL/PGM listed below for details and the required form.
- **Right to an Accounting.** With some exceptions, you have the right to receive a list of certain instances where TL/PGM disclosed your protected health information. This list will not include certain disclosures of protected health information, including, but not limited to, those disclosures made based on an authorization or those made prior to the date on which TL/PGM was required to comply.
- **Contact and Complaints.** You may contact the Privacy Officer of TL/PGM to request additional information or ask questions. Further, you may file a complaint with the Privacy Officer of TL/PGM and/or to the Secretary of the Department of Health and Human Services if you feel your privacy rights have been violated. TL/PGM will not retaliate against you for filing a complaint.

### Contact Person for information about this Patient Notice or to file a complaint:

**Norman Hill  
Trumbull Laboratories, LLC  
Pathology Group of the Midsouth, PC  
7750 Wolf River Blvd., Suite 200  
Germantown, TN 38138  
(901) 542-6808**