MOBILE LAB TEST NOW- HIPAA Notice of Privacy Practices

This notice is effective as of 5/4/21.

Mobile Lab Test Now LLC DBA **Mobile Lab Test Now** is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.
This is a notice required by HIPAA (Health Insurance Portability and Accountability Act of 1996) that explains how we at Mobile Lab Test Now keep your information private. It explains how we use, share, and protect your health information. HIPAA generally permits use and disclosure of your health information without your permission for purposes of health care treatment, payment activities and health care operations. These uses and disclosures are more fully described below. Please note that this Notice does not list every use or disclosure, instead it gives examples of the most common uses and disclosures. This notice explains your privacy rights. After reviewing this form, sign below to acknowledge that you have received this form.

- We will use and share your health information to ensure you are provided medical treatment and services. For example, we may share your health information with a doctor or hospital that is providing you health care.

- We will use and share your health information for our operations that are authorized by law. For example, we may share your health information with an outside contractor to audit the compliance of our operations with regulations.

- We may share your health information with a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, and inspections

- Protected Health Information (PHI) submitted to us via web forms is encrypted during storage and transmission on HIPAA compliant servers and held in strictest confidence. Our electronic medical record (EMR) system is also HIPAA compliant protecting your health information. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about clients who request or receive our services. Any information you send or communicate to us is considered confidential and is specifically restricted by a patient/client-healthcare provider relationship. You may request that we communicate in an alternative confidential manner.

- PHI may be used for treatment of health conditions. We perform care evaluations using history and physical exams to offer options for treatment. PHI may be used in a minimally necessary fashion for payments, billing, marketing, and for training of staff.

- We may receive requests from authorities or government agencies such as federal or state courts to disclose PHI if it pertains to a judicial or administrative order, or lawsuit. PHI may be used by government authorities to help avoid or resolve a threat to public health or safety. The Food and Drug Administration may request PHI regarding product recalls or to report adverse events. PHI may be used as required by law to report cases of abuse or neglect.

- You have the right to receive a copy of your health records. You have the right to inspect, review, and receive a copy of your medical records and billing records. Your health information, billing records, and appointment history are also available for you to see and access at all times via your Patient Portal, https://portal.kareo.com/pp-webapp/app/new/login.

- You have the right to request that we correct your health information. If you feel that the health information, we have provided to you is incorrect or incomplete, you may ask us to amend the information by making a written request to us. In certain cases, we may deny your request to

amend your information.

- You have the right to a list of disclosures made of your health information. You have the right to a list of those instances in which we have shared your health information, other than for treatment, payment, and health care operations, or other than when you specifically authorized us to share your information. Your request must be in writing to us.

- You have the right to request that your health information be communicated in a confidential manner. You may request that we contact you in a specific way, for example, home or office phone, or to send mail to a different address. We will consider all reasonable requests, and will agree to your request if you tell us you would be in danger if we did not.

- You have the right to request that we not use or share your health information. You have the right to request that we not use or share your health information for treatment, payment, or health care operations. This would include your right to request that we not share your information with persons involved in your care except when specifically authorized by you. Your request must be in writing to us, and we will consider your request, but we are not legally required to agree to it.

- To file a complaint if you think your privacy rights have been violated, you can report it to U.S. Department of Health and Human Services Office for Civil Rights. You will not be retaliated against for filing a complaint. Your written authorization is required for: most uses and disclosures of psychotherapy notes; uses and disclosures of PHI for marketing purposes; and disclosures that are a sale of PHI. You may revoke your authorization at any time, but you cannot revoke your authorization if we have already acted on it. We understand that medical information about you and your health is personal and we are committed to protecting your medical information.

Business Associates:
We may disclose your medical information to our business associates. We have contracted with entities (defined as "business associates" under HIPAA) to help us administer our services. These entities include third party certified laboratories that perform the diagnostic testing and examination of collected specimens. We will enter into contracts with these entities requiring them to only use and disclose your health information as we are permitted to do so under HIPAA. Other uses and disclosures not described in this Notice will be made only with your written authorization.

You may contact us at any time if you have questions about this form or wish to have it in writing. You have the right to receive a paper copy of this Notice and may ask us to give you a copy of this Notice at any time. If you have any questions about this Notice or if any of this is unclear you have the right to have us explain this to you at any time. For questions, explanation, or if you would like to request a written copy you may contact us at info@mobilelabtestnow.com or call us at (800)225-0201. You may view a copy of this at any time in our “HIPAA Notice of Privacy Practices” link on our website, www.mobilelabtestnow.com. We may, however, change our privacy practices and the terms of this Notice in the future, and those changes may affect all health information maintained by us. If our privacy practices change, we will promptly post our revised Notice on our website.

I acknowledge that I have received the HIPAA Notice of Privacy Practices ("The Notice") from Mobile Lab Test Now and that I have been provided an opportunity to review it. I understand that: I have certain rights to privacy regarding my protected health information. Mobile Lab Test Now can and will use my health information for purposes of my treatment, payment for treatment, and health care operations. The Notice explains in more detail how Mobile Lab Test Now may use and share my protected health information for other purposes. I have the rights regarding my protected health information listed in the Notice.