

**PARKWAY CLINICAL LABORATORIES (PCL)**  
**3494 D Progress Drive, Bensalem, PA 19020**

**NOTICE OF PRIVACY PRACTICES**

**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.**

**I. Who We Are:**

This **Notice** describes the privacy practices of Parkway Clinical Laboratories, and the physicians, technologists, and other individuals that work at Parkway Clinical Laboratories (“PCL”, “we” or “us”).

**II. Our Privacy Obligations:**

We are required by law to maintain the privacy of medical and health information about you and to provide you with this **Notice** of our legal duties and privacy practices with respect to **Protected Health Information (PHI)**. “**Protected Health Information**” generally includes individually identifiable information about your past, present, or future physical or mental health, the health care you have received, or payment for your health care. We are required to abide by the terms of the **Notice** (or other notice in effect at the time of the use or disclosure).

**III. Uses and Disclosures without Your Authorization:**

**A. Use and/or Disclosure for Treatment, Payment and Health Care Operations:** Except with respect to uses or disclosures that generally require an authorization (e.g., certain types of marketing, etc.), we may use and/or disclose **Protected Health Information (PHI)** without your authorization for certain treatment provided to you, for certain payment purposes, and for certain health care operations as detailed below.

1. **For treatment purposes.** We will use your **PHI** to provide you with health care, and we will disclose your **PHI** to personnel within our facility who provide you with health care services or are involved in your care. For example, if you’re having blood drawn for diagnostic testing purposes, we may disclose your **PHI** to a phlebotomist in order to coordinate your care. We may also disclose your **PHI** for laboratory related services, and to the personnel of another health care facility to which you may be seen at.
2. **To obtain payments for treatment and services:** We may use and disclose your **PHI** to personnel within our facility in order to bill and collect payment for the treatment (phlebotomy) and services we provide to you. For example, we may provide portions of your **PHI** to our billing department in order to get paid for the health care services we provide to you. If applicable, we may also disclose your **PHI** to a health insurance company if you have an agreement with the insurance company, which would authorize us to disclose it. Federal and State law may require us to obtain a written authorization from you prior to disclosing certain specially protected health information for payment purposes, and we will ask you to sign an authorization when necessary.
3. **For health care operations.** We may use and disclose your **PHI** within our facility in order to perform support functions necessary for the operation of PCL. This includes, but is not limited to, quality improvement, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs and audits. For example, we may use your **PHI** in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you.
4. **Using your Protected Health Information (PHI) to contact you.** We may access your **PHI** in order to contact you to provide appointment reminders, or information about treatment alternatives or other-health-related benefits and services that may be of interest to you. Information about you may also be accessed, in a limited manner, in order to contact you to help us raise funds ( see section D below for further details).

**B. Use of Disclosure for Directory of Patients Seen at PCL.** Unless you disagree or object, we may include your name in a patient directory. Information in the directory may be disclosed to PCL staff or your health care provider.

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- C. **Disclosure to Family, Friends, or Others:** We may provide your **PHI** to a family member or any other person you indicate that is either involved in your care or the payment for your health care, unless you object in whole or in part. If your opportunity to agree or object cannot practicably be provided because of an emergency situation, we may disclose your **PHI** to such a person (but only to the extent that the **PHI** is directly relevant to that person's involvement with your health care) if we determine that the disclosure is in your best interests.
- D. **Fundraising Communications:** We may contact you to request a tax-deductible contribution to support important activities at PCL. In connection with any fundraising, we may disclose to our fundraising staff demographic information about you (e.g., your name, address and phone number) and dates of health care that we provided to you too. If you want to make a tax-deductible contribution now, or do not want to receive any fundraising requests in the future, you may write to the Privacy Officer (identified below).
- E. **Public Health Activities:** We may disclose **PHI** for the following public health activities and purposes: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- F. **Health Oversight Activities:** We may disclose **PHI** to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs such as Medicare or Medicaid (CMMS).
- G. **Judicial and Administrative Proceedings:** We may disclose **PHI** in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- H. **Law Enforcement Officials:** We may disclose **Protected Healthcare Information** to the police or other law enforcement officials as required by law or in compliance with a court order.
- I. **Coroners, Medical Examiners, and Funeral Directors:** We may disclose **PHI** to a coroner or medical examiner as authorized by law. Such disclosures may be necessary to identify a deceased person or determine the cause of death. We may also release **PHI** about patients to funeral directors as necessary for them to carry out their duties.
- J. **Organ and Tissue Procurement:** We may disclose **PHI** to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.
- K. **Research:** We may use your material(s) for research and development purposes without disclosure of **PHI** or disclosure of your identity.
- L. **Health or Safety:** We may use or disclose **PHI** to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- M. **Specialized Government Functions:** We may use and disclose Protected Health Information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.
- N. **Workers Compensation:** We may disclose **PHI** as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
- O. **Inmates:** If you are an inmate of a correctional institution or under custody of law enforcement, we may under certain specific circumstances release health information about you to the correctional facility or law enforcement official.

**IV. Uses and Disclosures with Your Authorization:**

- A. **Use or Disclosure with Your Authorization:** Except as indicated in Section III above, we may use or disclose **PHI** only when: (1) you give us your authorization on our authorization form; or (2) such use or disclosure is consistent with the consent you signed previously. Further, you may revoke your authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Officer identified below.
- B. **Genetic Information:** Except in certain cases (i.e., anonymous laboratory work involving molecular diagnostic technology procedures for clinical diagnosis and/or research purposes), we will obtain your authorization prior to

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obtaining or retaining your genetic information. We may use or disclose your genetic information for any reason only when your authorization expressly refers to your genetic information or when disclosure is permitted under *Pennsylvania law* (including, for example, when disclosure is necessary for the purposes of a criminal investigation, identifying your body or as otherwise authorized by a court order).

- C. **AIDS or HIV Related Information.** If **PHI** contains AIDS or HIV related information, that information is confidential and shall not be disclosed without your authorization, except as follows. Such information may be released without your authorization to medical personnel directly involved in your medical treatment. If you are deemed to lack decision-making capacity, we may release such information (only if necessary and unless you request otherwise) to the person responsible for making health care decisions on your behalf (spouse, primary caretaking partner, an appropriate family member, etc.). Under certain circumstances, such information may also be released without your authorization for scientific research, certain audit and management functions, and as may otherwise be allowed or required by law or court order.
- D. **Alcohol or Drug Abuse Programs.** If **PHI** contains information related to treatment provided in one of our alcohol or drug abuse programs, that information is confidential and shall not be disclosed without your authorization, except as follows. Under certain circumstances, such information may be released without Your Authorization: (1) for internal communications; (2) if there is no patient-identifying information; (3) for medical emergencies; (4) in order to report and/or investigate crimes committed at the Program or against its personnel; and (5) as may otherwise be allowed or required by law or court order.
- E. **Marketing Communications.** We will obtain your authorization for the use or disclosure of your **PHI** for marketing purposes. However, this does not apply to communications that are made: (1) face-to-face by our staff to you; (2) to describe a health-related product or service that is offered by us; (3) for your treatment; or (4) for your care management or to direct or recommend alternative treatments, health care providers, etc.

**V. Your Rights:**

- A. **For Further Information, Complaints.** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to **Protected Health Information (PHI)**, you may contact our Privacy Officer. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with the Director or us.
- B. **Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of **PHI** : (1) for treatment, payment and health care operations; (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from, and submit the completed form to, our Privacy Officer. We will send you a written response.
- C. **Right to Receive Confidential Communications.** You may request, and we will accommodate, any reasonable written request for you to receive confidential communications of **PHI** by alternative means or at alternative locations.
- D. **Right to Inspect and Copy Your Health Information.** You have a limited right to inspect and copy the protected health information contained in your medical and billing records and in any other Health Care Records used by us to make health care decisions about you. Under limited circumstances, we may deny your request to access in whole or in part. If we do deny your request, we will send you a response in writing, our reasons for the denial, and explain your right to have the denial reviewed. In order to inspect or copy your health information, you must submit your request in writing for a copy of your medical records. If you request a copy of your health information, we may charge you certain fees as allowed by state and federal regulations.
- E. **Right to Amend Your Records.** You have the right to request that we amend **PHI** maintained in your medical record file or billing records. If you desire to amend your records, please obtain an **amendment request form** from,

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and submit the completed form to, our Privacy Officer. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

**F. Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of **PHI** made by us to individuals or entities during the six prior years prior to the date on which the accounting is requested, except for disclosures:

- Made for the purposes of treatment, payment, and health care operations as provided above;
- Made to you;
- Which were incidental to a use or disclosure otherwise permitted or required by applicable law;
- Made pursuant to a written authorization obtained from you;
- Made for the PCL directory or to persons involved in your care or for certain other notification purposes;
- Made for national security or intelligence purposes as provided by law;
- Made to correctional institutions or law enforcement officials as provided by law; or
- That occurred prior to April 14, 2003;

To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Officer. Your request must state a specific time period for the accounting, which must be less than six (6) years from the date of your request. The first accounting requested in any twelve (12) month period is free. For each subsequent request for an accounting within the same twelve (12) month period, we may charge the cost of providing the list (in such event, however, we will notify you of the costs involved, and you may choose to withdraw or modify your request at the time before any costs are incurred).

**G. Right to Get a Paper Copy of This Notice.** If you agree, we may choose to provide you with this **Notice** by e-mail. However, even if you so agree, you still have the right, upon request, to obtain a paper copy of this **Notice**.

**VI. Effective Date and Duration of This Notice:**

**A. Effective Date:** This Notice is effective on April 14, 2003

**B. Right to Change Terms of This Notice:** We may change the terms of this Notice at any time. If we change this **Notice**, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this **Notice**, we will post the new notice in waiting area in PCL. You may also obtain any new notice by contacting the Privacy Officer.

**VII. Privacy Officer:**

You may contact the Privacy Officer at:

Privacy Officer  
Parkway Clinical Laboratories  
3494 D Progress Drive  
Bensalem, PA 19020

Telephone Number: (215) 245-5112