



HIPAA NOTICE OF PRIVACY PRACTICES

Effective date of this notice: 07/01/2023

If you have questions about this notice, please contact the Privacy Officer listed under Contact Us at the end of this notice.

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHY DO WE COLLECT INFORMATION ABOUT YOU?

Clinical Reference Laboratory Inc. and the affiliated businesses it manages (collectively, "CRL," "we," "our," or "us") provide laboratory testing and related services in the United States, including, without limitation, testing for health and wellness, toxicology, and risk assessment purposes. We collect information about you to provide our services.

We are committed to protecting the privacy of your protected health information, sometimes referred to herein as your "PHI." Examples of documents that may contain your PHI include laboratory test orders, test results and invoices.

WHAT INFORMATION DO WE COLLECT ABOUT YOU?

PHI that we collect about you may include information which identifies, describes, is associated with, or could be linked to you, such as your name, birthdate, postal address, email address, telephone number, driver's license, SSN or government issued identification number, as well as your computer's IP address, photographs, biometric or geolocation information, or the like when associated with health information such as height, weight, blood pressure, and medications that you take. In addition, through testing of your sample, we obtain your laboratory test results.

We receive health information on your consent form or chain of custody when you provide blood, urine, or saliva sample(s) for laboratory testing or when you request laboratory testing from us.

PHI does not include anonymous or aggregated data that can no longer be used to identify a specific person, even if combined with other data.

HOW WILL WE USE INFORMATION ABOUT YOU?

We may use or disclose information as permitted or required by law. Some of the contexts in which we may use your information include in connection with:

- Provide laboratory testing services
- Seek payment for services
- Healthcare Operations
- Legal & Public Health Requirements
- Law Enforcement purposes
- Worker's Compensation
- Work site safety laws (OSHA)
- To Report Abuse
- Pursuant to proper authorization
- Health Benefits Information

We will only use or disclose as much information as is necessary to accomplish the described purpose.

YOUR RIGHTS

We may use or disclose your information for any purpose listed in this notice without your written authorization. We will not use or disclose your information for any other reason without your authorization. You have the right to:

- 1) [Request for Restrictions on Use and Disclosure](#)



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You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. If we agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law. You have the right to request information not be provided to your health plan if you have paid for services in full.

We are not required to agree to your request, except for requests to limit disclosures to your health plan for purposes of payment or healthcare operations when you have paid us for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law.

2) **Request to Confidential Communications**

You have the right to request that we send your health information by alternative means or to an alternative address, and we will accommodate reasonable requests.

3) **Request for Access**

Depending upon the type of testing performed you may access a copy of your laboratory test results via AccessMyHealth.com. If your request for test information is denied, you may request that the denial be reviewed.

4) **Request for Amendment**

You may request amendments (changes) to your PHI by making a written request. However, we may deny the request in some cases (such as if we determine the PHI is accurate). If we deny your request to change your PHI, we will provide you with a written explanation of the reason for the denial and let you know about further actions you may take.

5) **Request for Accounting of Disclosures**

You have the right to receive a list of certain disclosures of your PHI made by us in the past six years from the date of your written request. Under the law, this does not include disclosures made for treatment, payment, or healthcare operations or certain other purposes.

6) **Revocation of Consent (Opt-Out)**

If you do not consent or want to withdraw your consent for us to collect, use, or disclose your information as described in this notice, please click on link number 1 above and complete and return the form as described therein. In your request, please identify the information at issue and the collection, use, or disclosure you wish to stop. You may not revoke an authorization for us to use and disclose your information to the extent we have taken action in reliance on the authorization. If the authorization permits disclosure of your information to an insurance company, as a condition of obtaining coverage, other law may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.

Denying or withdrawing consent may not allow us to provide you with some or all of the products, services, or information you request.

7) **To receive a hardcopy (paper copy) of this notice.**

8) **To File a Complaint**

9) **Exercise your rights.**

You may exercise your right above by clicking the applicable link above and completing the form or by contacting us via email or in writing as set forth in the Contact Us section below.

MARKETING



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You may opt-out of receiving marketing-related emails by clicking the "unsubscribe" link at the bottom of any email you receive from us or emailing us at privacy@crlcorp.com. If you are having difficulty unsubscribing from our marketing communications, please contact us at compliance@crlcorp.com or 866-924-5267.

If you opt-out from receiving marketing emails or text messages, we may still need to send you communications about your account, orders, customer service inquiries, and other matters.

If you agreed to receive future marketing communications directly from a third party through our Site, you will need to contact that party to opt-out of such communications. This process may be outlined in that party's privacy or similar policy.

SELLING/SHARING YOUR INFORMATION

We may provide your information to our partners to assist us in operating this site, transacting business, and communicating with you. When we do so, we will exercise reasonable care to ensure such partners are prohibited from using information for any other reason and it is maintained securely and privately.

We may disclose your information if we determine disclosure is reasonably necessary to enforce our contracts, this notice, or to otherwise protect our operations, clients, or users.

We may release your information to others (including law enforcement) if we believe such release is reasonably necessary to comply with the law or legal process; enforce or apply the terms of applicable terms of use; detect, prevent, or otherwise address fraud, security, or technical issues; or otherwise protect the rights, property, or safety of others.

We may sell, transfer, and/or disclose your information for lawful purposes, including as part of a business divestiture, sale, merger, or acquisition of all or a part of our business. If another company acquires our company, business, or assets, that company will possess the personal information collected by us and will assume the rights and obligations regarding your information as described in this notice. In the event of our insolvency, bankruptcy, or receivership, your information may also be transferred as a business asset.

CONTACT US OR FILE A COMPLAINT

If you believe your privacy rights have been violated, you have the right to file a complaint with us. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against any individual for filing a complaint.

To file a complaint with us, request more information about this notice, our privacy policies, to exercise any of your rights, as listed on this notice, or if you want to request a hardcopy of our current notice of privacy practices, contact:

Clinical Reference Laboratory, Inc.

Attn: Privacy Officer

8433 Quivira Road

Lenexa, KS 66215

913-492-3652

privacy@crlcorp.com

In the United States, you may also file a complaint directly with the:

Secretary – U.S. Department of Health and Human Services

Office for Civil Rights



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U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F HHH Bldg.

Washington, D.C. 20201

Calling: 1-877-696-6775

Or visiting: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

CHANGES TO OUR PRIVACY POLICY

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health or personal information which we already have, as well as to health or personal information we receive in the future. Before we make any change in the privacy practices described in this notice, we will post a new notice with the changes at www.crlcorp.com/notice-of-privacy-practices. The new notice will include an effective date.