

PAML NOTICE OF PRIVACY PRACTICES



110 W. Cliff Avenue
Spokane, WA 99204

509.755.8600
800.541.7891

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.

PAML respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment, payment and health care operations.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For treatment:

- Information obtained from your physician or by a phlebotomist, technician or other member of our health care team will be recorded on your laboratory requisition and used to help provide the laboratory services that have been ordered by your provider.
- We may also provide information to others providing your care. This will help them stay informed about your care.

For payment:

- We request payment from you or from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses and procedures performed.

For health care operations:

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff
- We may use and disclose your information to conduct or arrange for services, including:

PACLAB
NETWORK
LABORATORIES
Seattle, Washington

ALPHA
ALPHA MEDICAL
LABORATORY
Coeur d'Alene, Idaho

TCL
TRI-CITIES
LABORATORY
Tri-Cities, Washington

TVL
TREASURE VALLEY
LABORATORY
Boise, Idaho

SGL
SIGNATURE GENOMIC
LABORATORIES

MSCL
MOUNTAIN STAR
CLINICAL
LABORATORIES
Salt Lake City, Utah

CEO \ President
Thomas O. Tiffany, Ph.D.

Medical Director
Thomas J. Allerding, M.D.

Technical Directors
Dave Michaelson
Toxicology

Bassem Bejjani, M.D.
Marcy Hoffmann, Ph.D.
Alberto Rosa, M.D., Ph.D.
Molecular Diagnostics

Julie Biggerstaff, Ph.D.

Reza Saleki, Ph.D.
Lisa Shaffer, Ph.D.
Cytogenetics

William A. Dittman Jr., M.D.
Hematology

L.M. Killingsworth, Ph.D.
Chemistry

Ann Robinson, Ph.D.
Microbiology

- medical quality review by your health plan;
- accounting, legal, risk management, and insurance services;
- audit functions, including fraud and abuse detection and compliance programs

Your Health Information Rights

The health and billing records we create and store are the property of PAML. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request, but we will comply with any request granted;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);
- Request that you be allowed to see and get a copy of your protected health information. You must make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information—except in certain circumstances;
- Ask us to change your health information. You must give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third party payers or disclosures for purposes of treatment or health care operations. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- You may cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact:

PAML Privacy Officer
509-755-8799

Our Responsibilities

We are required to:

- Keep your protected health information private;
- Give you this Notice if you request it;
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting a PAML Patient Service Center to pick one up. You may also download a copy of the Notice from our website at www.paml.com.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may *contact*:

PAML Privacy Officer
509-755-8799

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to PAML's Privacy Officer at our corporate offices at W. 110 Cliff Avenue, Spokane, WA. or at any PAML Patient Service Center. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

We may use and disclose your protected health information without your authorization as follows:

- **To Organ Procurement Organizations (tissue donation and transplant)** or persons who obtain, store, or transplant organs.
- **To comply with workers' compensation laws**--if you make a workers' compensation claim.
- **For Public Health and Safety purposes as allowed or required by law:**
 - to prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
 - to public health or legal authorities
 - to protect public health and safety
 - to prevent or control disease, injury, or disability
 - to report vital statistics such as births or deaths.
- **To report suspected Abuse or Neglect** to public authorities.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Law Enforcement purposes** such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- **For Health and Safety oversight activities.** For example, we may share health information with the Department of Health.

- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, we may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Web Site

- We have a Web site that provides information about us. For your benefit, this Notice is on the Web site at this address: www.paml.com.

Effective Date: April 14, 2003