

# Notice of Privacy Practices

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*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.*

At The Great Plains Laboratory, LLC ("GPL") we understand that your medical records are a very confidential matter and we appreciate the trust you place in us to protect the privacy of your protected health information. This includes laboratory test orders and test results as well as invoices for the healthcare services we provide.

## Our Responsibilities

GPL is required by law to maintain the privacy of your *Protected Health Information*. We are also required to provide you with this Notice upon request. It describes our legal duties, privacy practices and your patient rights as determined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. We follow the terms of this Notice

## How We May Use or Disclose Your Health Information

We use your *Protected Health Information* for treatment, payment, or healthcare operations purposes and for other purposes permitted or required by law. Not every use or disclosure is listed in this Notice, but all of our uses or disclosures of your health information will fall into one of the categories listed below.

We need your written authorization to use or disclose your health information for any purpose not covered by one of the categories below. Any authorization you provide may be revoked at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons stated in your authorization except to the extent we have already taken action based on your authorization.

The law permits us to use or disclose your health information for the following purposes:

**Treatment-** GPL provides laboratory testing for physicians and other healthcare practitioners and we use your information in our testing process. We disclose your health information to authorized medical practitioners who order tests or need access to your test results for treatment purposes.

**Payment-** GPL will use your *Protected Health Information* as part of our billing process and may send it to insurance companies or other appropriate parties, including to you, to obtain payment for our services. If you are insured under another person's health insurance policy (for example, parent, or a former spouse), we may also send invoices to the subscriber whose policy covers your health services.

**Healthcare Operations-** GPL may use or disclose your *Protected Health Information* for activities necessary to support our healthcare operations, such as performing quality checks on our testing, internal audits, or developing reference ranges for our tests.

**Business Associates-** We may provide your Protected Health Information to other companies or individuals to assist us in providing specific services to us. These other entities, known as "business associates," are required to maintain the privacy and security of *Protected Health Information*. Our business associates must only use your health information for the services they perform on our behalf.

**As Required by Law-** In certain circumstances, federal or state laws may require that we provide your health information to organizations such as Public Health Authorities, Health Oversight Agencies, and Workers Compensation Agents.

**Law Enforcement Activities and Legal Proceedings-** We may disclose your *Protected Health Information* as required to comply with a court order, or other legal process in the course of a judicial or administrative proceeding, but only if efforts have been made to tell you about the request or to obtain an order of protection for the requested information.

**Research-** GPL may disclose health information for research purposes when an Institutional Review Board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your *Protected Health Information* and determined that the researcher does not need to obtain your authorization prior to using your *Protected Health Information* for research purposes. The confidentiality of the client information will not be disclosed.

## Your Patient Rights

**Receiving Test Information-** You have the right to receive a copy of your Protected Health Information that we have created. However, some state laws restrict our ability to provide test results directly to you and require that you obtain test results directly from your treating provider. If your request for a copy of your test information is denied, you may request that the denial be reviewed.

**Amending Health Information-** You may request changes to your Protected Health Information and we will accommodate them if we can. However, we are not required to make the requested changes. If we deny your written request to change your *Protected Health Information* we will provide you with a written explanation of the reason for the denial and additional information regarding further actions that you may take.

**Accounting of Disclosures-** You have the right to receive a list of certain disclosures of your health information made by GPL in the past six years from the date of your written request. Under the law, this does not include disclosures made for purposes of treatment, payment, or healthcare operations.

**Requesting Restrictions-** You may request that we agree to restrictions on certain uses and disclosures of your health information, but we are not required to agree to your request, with the following exception. You have the right to ask us to restrict the disclosure of health information to your health plan for a service we provide to you where you have directly paid us (out of pocket, in full) for that service, in which case we must honor your request.

**Requesting 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.

**Questions or Complaints-** If you have any questions about this notice, please contact us at 800-288-0383 (Extension # 148), send an email to [privacy@gpl4u.com](mailto:privacy@gpl4u.com), or write to us at the following address:

The Great Plains Laboratory, LLC  
Attention: Privacy Officer  
11813 West 77<sup>th</sup> Street  
Lenexa, KS 66214

**Note-** *We reserve the right to amend the terms of this Notice to reflect changes in our privacy practices, and to make the new terms and practices applicable to all Protected Health Information that we maintain about you, including Protected Health Information created or received prior to the effective date of the Notice revision. Our Notice is displayed on our website and a copy is available upon request.*

Revised: December 1, 2021