ADVANCE MEDICAL LAB
2016 E. Griffin Parkway, Mission, Texas 78572 · (956) 581-5555 · advancemedicallab.com

Notice of Privacy Practices

For Protected Health Information

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.

Overview

You have the right to:

- Get an electronic or paper copy of your laboratory record.
- Ask us to correct your laboratory record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you feel your privacy rights have been violated.

We may use and share your information to:

- Treat you.
- Run our organization.
- Bill for your services.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.
- Share with our business associates.

We are required to:

- Maintain the privacy and security of your protected health information.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- Not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time — let us know in writing.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information for these purposes unless you give us written permission:

- Marketing purposes.
- Sale of your information.

Advance Medical Lab does not market our services using your health information, does not sell your health information, and does not conduct fundraising. As a clinical laboratory, we do not maintain psychotherapy notes, and we do not operate a patient directory.

How to exercise your rights

Get an electronic or paper copy of your laboratory record

- You can ask to see or get an electronic or paper copy of your laboratory record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- To request your records, contact our Privacy Officer using the information at the end of this notice.

Ask us to correct your laboratory record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communication

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree, and we may say "no" if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide a paper copy promptly. This notice is also posted in our laboratory and available at advancemedicallab.com.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting hhs.gov/hipaa/filing-a-complaint.
- We will not retaliate against you for filing a complaint.

How we may use and share your information

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: *We report the results of your laboratory tests to the physician, home health agency, hospice, nursing facility, or other health care provider who ordered the tests.*

Run our organization

We can use and share your health information to run our laboratory, improve your care, and contact you when necessary.

Example: *We review the accuracy and timeliness of our test results so we can continue to improve the quality of the service we provide.*

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: *We give information about you to your health insurance plan, Medicare, or Medicaid so it will pay for your laboratory services. A bill sent to you or a third-party payer may include information that identifies you and the tests performed.*

Share with our business associates

We may share your health information with companies that perform services on our behalf, known as "business associates." These may include our billing service, our reference laboratory when specialized testing is required, our information technology providers, and collection agencies. Business associates are required by law and by written agreement with us to protect the privacy and security of your health information.

How else can we use or share your information

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for situations such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety. **Example:** *As a clinical laboratory, we are required by Texas law to report certain communicable disease test results to the Texas Department of State Health Services.*

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Texas law

In addition to the federal requirements described above, Advance Medical Lab complies with the Texas Medical Records Privacy Act (Texas Health and Safety Code Chapter 181), which provides additional protections for your health information. Under Texas law, we must obtain your separate written authorization before any electronic disclosure of your protected health information, unless the disclosure is made for treatment, payment, health care operations, or is otherwise authorized or required by law.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our laboratory, and at advancemedicallab.com.

How to contact us

If you have questions about this notice, want to exercise any of the rights described above, or wish to file a complaint, please contact our Privacy Officer:

Privacy Officer: Diego Benavides

Mail: Advance Medical Lab, Attn: Privacy Officer,

2016 E. Griffin Parkway, Mission, Texas 78572

Phone: (956) 581-5555

Email: info@advancemedicallab.com

Effective date of this notice: 07/30/2026