

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical 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 believe your privacy rights have been violated
- Be notified of a breach

➤ **See page 2 and 3**
for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 4**
for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information :

- For treatment
- For healthcare operations
- For billing for your services
- To help with public health and safety issues
- To conduct health oversight activities
- With individuals involved in care or payment
- To comply with the law
- For specified government functions
- For research
- To address workers' compensation, law enforcement, and other government requests
- To respond to lawsuits and legal action
- For law enforcement purposes
- With business associates
- To work with a medical examiner, funeral director or Organ Donation

➤ **See pages 3 and 4**
for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical 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 obtain a copy of your PHI, please complete a Release of Medical Information form, which can be obtained by calling (330) 892-5191 and requesting a form or by [clicking here](#). Completed forms can be submitted by mail, fax or email to:
 - M1 Labs LLC Sciences Corporation
 - Attn: Release of Medical Information/Client Services
 - 1330 State Route 14
 - Columbiana Ohio 44408
 - United States
 - Fax: (330) 892-5189
 - Email: info@m1laboratories.com

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. This can be done for as long as M1 Labs LLC maintains this information.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days. At this point you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. You will receive a copy.
- Requests for amendments must be made in writing and be directed to our Privacy Officer. Please be sure to provide a reason to support the requested amendment(s).

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.
- Requests must be made in writing to our Privacy Officer.

The right to request restrictions

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. Should your request be denied M1 Labs will notify you.
- 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.
- M1 Labs may terminate their agreement to a restriction, you will be notified if this happens.
- You may request a restriction by contacting the Privacy Officer

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 the disclosures except for 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.
- The request must be made to the Privacy Officer in writing.

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 you with a paper copy promptly.

Choose someone to act for you

- If you have given someone 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 us using the information on page 1.
- 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

The right to be notified of a breach

- You have the right to be notified in the event that M1 Labs LLC or one of our business associates discovers a breach of your unsecured personal healthcare information.
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Your Choices

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

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

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.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

For treatment

- We can use and disclose your health information and share it with other professionals who are treating you. This includes the coordination or management of your health care with a third party.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Healthcare Operations

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

Example: We may use your health information for quality assessments, training programs, accreditation and licensing activities. M1 Labs may disclose patient information to another provider or health plan for their health care operations in certain situations.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities. This may include communication to your health insurer to get approval or verify coverage. M1 Labs may disclose your PHI in order to demonstrate the medical necessity of the services.

Example: We give information about you to your health insurance plan so it will pay for your services.

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- **How else can we use or share your health 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. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing, controlling or reporting disease, injury or disability
 - Conducting health surveillance, investigations and interventions
 - Notify a person who has been exposed to a communicable disease or is at risk of contracting or spreading a disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

To conduct health oversight activities

- M1 Labs LLC may disclose your PHI to a health oversight agency for activities including audits, civil, administrative, or criminal investigations. This may include proceedings, actions, inspections, licensure or disciplinary actions; as well as other activities necessary for appropriate oversight as authorized by the law.

Individuals involved in care or payment of care

- M1 Labs LLC may disclose your personal healthcare information to a person or persons involved in your care or pays for your care. This may be a family member or a friend. We may also notify your family about your location or condition; or disclose it to an entity assisting in a disaster relief effort. As permitted by the federal and state law we may disclose the PHI of minors to their parents or legal guardians.

Comply with the law

- We will share information about you if state, federal or local 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.

For specified government functions

- In certain circumstances the federal regulations authorize M1 Labs LLC to use or disclose PHI to facilitate specified government functions that can relate to military or veteran activities, national security and intelligence activities, protective services, medical suitability determinations, correctional institutions and law enforcement custodial situations

For research

- M1 Labs LLC may use or disclose your PHI for research under certain circumstances, including when the use or disclosure for research has been approved by an institution review board or privacy board.
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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
- 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, in response to a subpoena, discovery request, or other lawful process.

For law enforcement purposes

- M1 Labs LLC may disclose personal healthcare information for law enforcement purposes in response to a court order, warrant, subpoena, summons or similar process as authorized by the law. This includes reporting of certain types of wounds or physical injuries. We may also disclose PHI when the following information is needed: (i) identification or location of a suspect, fugitive, material witness or missing person, (ii) about a victim of a crime (iii) about an individual who has died, (iv) in relation to criminal conduct on M1 Labs LLC premises or (v) in emergency circumstances to report a crime, the location or the crime or victims, the identity, description or location of the individual that committed the crime.

Business Associates

- M1 Labs LLC may disclose health information to its business associates in order to perform certain business functions or services. For example: M1 Labs LLC may use an outside company to perform billing services on its behalf.
- All business associates and their personnel are required to maintain the privacy and confidentiality of your personal healthcare information.

Work with a medical examiner, funeral director or organ donation

- In certain circumstances the federal regulations authorize M1 Labs LLC to use or disclose PHI to facilitate specified government functions that can relate to military or veteran activities, national security and intelligence activities, protective services, medical suitability determinations, correctional institutions and law enforcement custodial situations

Other Uses and Disclosures:

Other than as stated above, M1 Labs LLC will not use or disclose your PHI without your written authorization. For example M1 Labs LLC will not use or disclose your PHI for marketing purposes or sell your PHI unless there is signed authorization from you. You have the right to revoke your authorization in writing at any time except to the extent that M1 Labs LLC has taken action in reliance upon the authorization.

Changes to this Notice:

M1 Labs LLC is required to abide by the terms of this Notice currently in effect and reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI M1 Labs LLC maintains. If changes are made, the updated Notice will be promptly posted on our website at www.m1laboratories.com

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 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 if you change your mind.

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

Effective Date of: October 12th 2020