

## LIFE LINE NOTICE OF PRIVACY PRACTICES

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

Life Line Screening of America, LLC and Life Line Community Healthcare, LLC are affiliated Covered entities (“Life Line”) under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and, as such, are issuing this Notice jointly to you. Life Line is required by law to maintain the privacy of your health information and to provide you with this Notice about our privacy practices, legal duties and your rights concerning your Protected Health Information. Protected Health Information (“health information”) is any individually identifiable health information transmitted or maintained in any form or medium, held by Life Line or its business associates. If you have questions about any part of this Notice or if you want information about the privacy practices at Life Line, please contact:

Life Line Screening, Attn: Privacy Officer  
6150 Oak Tree Blvd Suite 200  
Independence, OH 44131  
Phone: 1-216-518-1025; Email: [privacyofficer@llsa.com](mailto:privacyofficer@llsa.com)

### USE OR DISCLOSURE OF HEALTH INFORMATION

Life Line is committed to protecting the confidentiality of your health information. Except as described in this Notice, Life Line will not use or disclose your health information without your written authorization. Your health information may be used for the following purposes:

**Delivery of services.** Life Line may use and disclose your health information for the treatment purposes including the delivery of healthcare services, defined as those activities necessary for the provision of services and delivery of results. For example, we may use your personal information to schedule your appointment and interpret your results. At the site, an employee of Life Line may call your name for your appointment

**Healthcare operations.** Life Line may use your health information for the purposes of its healthcare operations. Healthcare operations may include quality assessment, protocol development, review of competence/qualification of Life Line staff, training programs, conducting or arranging for medical review; legal services & auditing functions; & general administrative activities, including management actions relating to HIPAA, customer service, resolution of internal grievances, & creation of de-identified information.

**Payment.** Life Line may use your health information for payment purposes. For example, a bill may be sent to you or your health plan to seek payment for the health care services provided by Life Line to you. The bill may contain or be accompanied by information that identifies you, your health condition, and the healthcare services you received. We may also use your health information to check Medicare/insurance eligibility and for other purposes related to payment.

**Appointment reminders and test results.** Life Line may contact to provide appointment reminders, test results or to give you information about treatments or health-related services that may be of interest to you. This may include voice mail messages, postcards, letters, e-mail and other forms of communication.

**Research.** Under certain circumstances, Life Line may use and disclose health information about you for research purposes. Each research project is subject to a special approval process during which protocols for appropriate protection of your health information are established.

**Family and friends.** With your approval & using our professional judgment, your health information may be disclosed to family & friends who are directly involved in your care. If you are unavailable, incapacitated, or in an emergency medical situation, & we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

**Business Associates.** In some instances, Life Line may contract with business associates for the services Life Line provides. For example, Life Line may use an outside company to mail results or your health services to you. Life Line may disclose your health information to their business associates so that they can perform the work that Life Line asks them to do. However, to protect your health information, business associates are required protect the privacy of your information.

**Other uses and disclosures of health information.** We may use or disclose health information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out health information about you without prior authorization for public health purposes, accreditation, required abuse or neglect reporting, health oversight audits or inspections, funeral arrangements and organ donations, worker’s compensation purposes and emergencies. We also disclose health information when required by law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders. Life Line may also combine health information about many of its customers to decide which additional services should be offered.

**Stricter Law.** Certain provisions of state law may be more stringent than the federal laws and regulations protecting the privacy of your health information. Life Line will, as required by law, comply with the more stringent provisions of state law.

### **USES AND DISCLOSURES ACCORDING TO YOUR AUTHORIZATION**

In addition to the uses and disclosures described above, Life Line may use and disclose your health information if you provide Life Line written authorization to do so. You may authorize Life Line to use or disclose your health information to anyone for any purpose. If you give us an authorization, you may revoke it at any time by delivering written notice of your revocation to the Life Line Privacy Officer at the address listed at the top of this notice. Your revocation will not affect any use or disclosure of your health information permitted while the authorization was in effect. Unless you give us a written authorization, we cannot use or disclose your health information except as set forth in this Notice. Life Line must obtain your authorization for any use or disclosure of your health information for certain marketing purposes and for disclosures that constitute the sale of your health information.

### **YOUR HEALTH INFORMATION RIGHTS**

**Restrictions on use and disclosure of health information.** You have the right to request restrictions on certain uses and disclosures of your health information. These restrictions must be made in writing and signed by you or your representative. Life Line is not required to agree to your restrictions. We cannot agree to limit uses/disclosures that are required by law. In the event of a termination of an agreed-to restriction by us, we will not notify you of such termination. You may terminate, in writing or orally, any agreed-to restriction by sending such terminations to the Privacy Officer.

**Right to Request Confidential Communications.** You can request that Life Line communicate with you about your health information only in the way that you ask. For example, you may request that Life Line communicate with you only at work or only by mail. Life Line will try to follow your request, if it is reasonable.

**Access and/or copying health information.** You have the right to receive your health information through reasonable alternative means or at an alternative location. You have the right to inspect and copy your health information. If you request copies, we may charge a fee for the cost of copying, shipping, and other related supplies.

**Amendments to health information.** You have the right to request that your health information be amended or corrected. Life Line is not required to change your health information. In the case that Life Line denies to make a change, it will provide you with information about the denial and the process whereby you can disagree with the denial.

**Accounting for disclosures of health information.** You have a right to receive an accounting of disclosures of your health information made by Life Line, except that Life Line does not have to account for the disclosures for delivery of services or business operations as described above, information provided to you, or certain government functions described above.

**Right to paper copy.** You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or you would like to understand one or more of these rights, please contact the Life Line Privacy Officer listed at the top of this notices.

**Right to pay out-of-pocket.** You have the right to pay out-of-pocket for a service and the right to require that we not submit PHI to your health plan, unless such disclosure is otherwise required by law.

**Right to be notified of a breach of your unsecured PHI.** You have the right to be notified of a breach of your unsecured PHI.

### **CHANGES TO THIS NOTICE**

Life Line reserves the right to amend this Notice of Privacy Practices at any time in the future. Any amendments will be applied prospectively and will be made solely in compliance with applicable laws. Until such amendment is made, Life Line is required by law to comply with this Notice.

### **COMPLAINTS**

If you believe that we may have violated your privacy rights, or you disagree with a decision about your health information, you may file a complaint with the Life Line Privacy Officer at the address listed above.

If you are not satisfied with Life Line's response you may file a complaint with:

Region V. Office for Civil Rights	Phone: 312-866-2359
U.S. Department of Health and Human Services	Fax: 312-866-1807
213 No. Michigan Ave Suite 240	TDD: 312-353-5693
Chicago, IL 60601	

Alternatively, you may email a complaint to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**LIFE LINE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.** Revised April 24, 2015