

# LIFE LINE SCREENING OF AMERICA, LTD.

## NOTICE OF PRIVACY PRACTICES

Effective April 1, 2006

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, Ltd.** (“LLS”) 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 LLS or its business associates. If you have questions about any part of this Notice or if you want more information about the privacy practices at LLS, please contact:

Life Line Screening of America, Ltd.  
Attn: Privacy Officer  
5400 Transportation Boulevard  
Cleveland, Ohio 44125  
Phone: 1-888-894-6322

### USE OR DISCLOSURE OF HEALTH INFORMATION

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

**Delivery of screening services.** LLS may use and disclose your health information for the delivery of screening services, defined as those activities necessary for the conduct of exams at the screening site and delivery of results. For example, we may use your personal information to schedule your appointment, to interpret your screening results, or to compose and ship your results letter. At the screening, a technician may call your name to invite you to his or her screening station.

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

**Appointment reminders and test results.** LLS may contact you 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, LLS may use and disclose health information about you for research purposes. For example, a research project may involve determining the causes of vascular disease. 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 and using our professional judgment, your health information may be disclosed to family and friends who are directly involved in your care. If you are unavailable, incapacitated, or in an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

**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. LLS may also combine health information about many of its customers to decide whether 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. LLS 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, LLS may use and disclose your health information if you provide LLS written authorization to do so. You may authorize LLS 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 LLS 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.

## **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. LLS 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 notify you of such termination. You may terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the Privacy Officer.

**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 a right to request that your health information be amended or corrected. LLS is not required to change your health information. In the case that LLS 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 LLS, except that LLS does not have to account for the disclosures for screening and 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 if you would like to exercise one or more of these rights, please contact the LLS Privacy Officer listed at the top of this notice.

## **CHANGES TO THIS NOTICE**

LLS 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, LLS 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 LLS Privacy Officer at the address listed above.

If you are not satisfied with LLS's response, you may file a complaint with:

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| Region V, Office for Civil Rights            | Phone: | 312-886-2359 |
| U.S. Department of Health and Human Services | Fax:   | 312-886-1807 |
| 233 N. Michigan Ave., Suite 240              | TDD:   | 312-353-5693 |
| Chicago, IL 60601                            |        |              |

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

## **LLS WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT**