Notice of Privacy Practices Statement

This notice describes how medical information about you may be used and disclosed and how you can receive access to this information. Please review it carefully.

THE PATHOLOGY LABORATORY'S PRIVACY PRACTICES

THE PATHOLOGY LABORATORY ("The Pathology Laboratory") is committed to protecting the confidentiality of your medical and health information ("protected health information") as described in this notice and maintains the privacy of your protected health information as required by law. We have provided this notice to you to describe the way we may use and share your protected health information. This notice describes our privacy practices relating to protected health information, including how we may use your protected health information within The Pathology Laboratory and how under certain circumstances we may disclose it to others outside The Pathology Laboratory. This notice also describes the rights you have concerning your own protected health information. Please review it carefully. If you have questions about any part of this privacy notice, or if you want more information about the privacy practices of The Pathology Laboratory, please contact the privacy officer listed at the end of this notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION PERMITTED BY LAW

The law permits us to use your protected health information for treating you and billing for services and healthcare operations, as explained below. Certain types of protected health information have additional protection under state or federal law. For example, information about genetic testing and mental health treatment or conditions may have added protection. To disclose this type of information to others, The Pathology Laboratory is required to get your authorization as described below.

Your protected health information may be used and disclosed only for the following purposes:

For treatment: We will disclose your protected health information to others who need information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your laboratory results to assist in your treatment and for follow-up care.

For payment: We may use and disclose your protected health information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.

For healthcare operations: We may use and disclose your protected health information for healthcare operations, which include patient and internal education, administration, planning, and other various activities that improve the quality of care we provide to patients. We may disclose protected health information to outside companies to support administrative functions, such as data analysis or accounting or legal services, but we will only do so after they have signed an agreement stating that they will abide by our privacy policy.

To family members and others involved in your care: We may disclose your protected health information, unless prohibited by applicable federal or state law, to a family member, another relative, a close personal friend, a person identified by you who is involved in your medical care, or someone who helps pay for your care. If you do not want us to disclose your protected health information to family members or others, please contact The Pathology Laboratory's privacy officer, as provided below.

For research: We may use or disclose your protected health information without your consent or authorization for research projects, such as studying the effectiveness of a treatment you received, if an institutional review board approves a waiver of authorization for disclosure. These research projects must go through a special process that protects the confidentiality of your protected health information.

As required by law: Federal, state, or local laws sometimes require us to disclose protected health information.

For public health activities: We may also use and disclose certain protected health information for public health purposes, such as preventing or lessening a serious and/or imminent threat to an individual's or the public's health or safety. We may also report information to your employer as required under laws addressing work-related illness and injuries or workplace medical surveillance. For instance, a positive communicable disease test result may be reported to the state health department.

For public health or safety: In limited circumstances, we may disclose protected health information to prevent or lessen a serious and/or imminent threat to an individual's or the public's health or safety.

To law enforcement officials: We may disclose protected health information to law enforcement officials as required by law or in compliance with a search warrant, subpoena, or court order. We also may disclose protected health information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at The Pathology Laboratory.

For military, veterans, national security, and other government purposes: If you are a member of the armed forces, we may release your protected health information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose protected health information to federal officials for intelligence and national security purposes, or for Presidential Protective Services.

For judicial proceedings: We may disclose your protected health information if we are ordered to do so by a court or if we receive a subpoena or a search warrant.

For health oversight activities: We may disclose protected health information to a government agency that oversees The Pathology Laboratory or its personnel, such as the College of American Pathologists (CAP), the federal agency that oversees Medicaid and Medicare (CMS), and the Office of Civil Rights (OCR) to ensure compliance with state and federal laws.

To coroners, medical examiners, and funeral directors: We may disclose protected health information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

For organ and tissue donation: We may disclose protected health information to organizations that facilitate organ, eye, or tissue donation or transplantation.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

The Pathology Laboratory cannot use your protected health information for anything other than the reasons mentioned above without your signed authorization. An authorization is a written document signed by you giving us permission to use or disclose your protected health information for the purposes you specifically set forth in the authorization. You may revoke the authorization at any time by delivering a written statement to The Pathology Laboratory privacy officer identified below. If you revoke your authorization, The Pathology Laboratory will no longer use or disclose your protected health information as permitted by your authorization. However, your revocation of authorization will not reverse the use or disclosure of your protected health information made while your authorization was in effect.

YOUR INDIVIDUAL RIGHTS

Right to request your protected health information: In most cases, you have the right to look at or receive copies of your protected health information. Patients requesting copies of their lab results must do so in person. Patients are asked to wait at least 72 hours after clinical lab reports and 5 business days after anatomical pathology reports have been released to the ordering client.

Right to request amendment of protected health information you believe is erroneous or incomplete: If you examine your protected health information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. We will comply with your request unless we are not the originator of the information or we believe that the information you request to be amended is accurate and complete or special circumstances apply. To ask us to amend your protected health information, write to The Pathology Laboratory's privacy officer as set forth below.

Right to receive an accounting of disclosures of your protected health information: You have the right to request a list of certain disclosures we make of your protected health information. If you would like to receive such a list, write to The Pathology Laboratory's privacy officer as provided below. Your request must state a time period desired for the accounting, which must be within six years prior to the date of your request and may not include dates before April 14, 2003. We will provide the first list to you free of charge, but we may charge you for any additional lists you request during the same 12- month period. We will tell you in advance what this list will cost, at which time you may withdraw or modify your request.

Right to request restrictions on how The Pathology Laboratory will use or disclose your protected health information for treatment, payment, or healthcare operations: You have the right to request us not to make uses or disclosures of your protected health information to treat you, to seek payment for care, or to operate our laboratories. We will consider your requests carefully, but we are not required to agree to your requested restriction. If you want to request a restriction, submit your request in writing to The Pathology Laboratory's privacy officer and describe your request in detail. The Pathology Laboratory's privacy officer will reply within 30 days of receiving your request.

Right to request special communications: You have the right to ask us to communicate your protected health information by alternative means of communication or at alternative locations. For example, you can ask us not to call your home but to communicate with you only by mail. To make such a request, write to The Pathology Laboratory's privacy officer.

Right to receive a paper copy of this notice: If you have received this notice electronically, you have the right to a paper copy at any time. You may download a paper copy of the notice from our website at www.thepathlab.com or by calling or writing to The Pathology Laboratory's privacy officer.

Mobile Communications & SMS Privacy Notice

We collect mobile telephone numbers from patients for the purpose of sending account-related notifications, including billing reminders, payment notices, and service updates. No protected health information (PHI) is sent by text message.

By providing your mobile number and opting in to SMS communications, you consent to receive text messages from The Pathology Laboratory. Message frequency varies based on your account activity. Message and data rates may apply depending on your mobile carrier plan.

You may opt out of receiving text messages at any time by replying **STOP** to any message. For assistance, reply **HELP** or contact us at **337-436-9557**.

We may share your mobile number with our contracted messaging service providers solely for the purpose of delivering text messages on our behalf. We do not sell or license mobile numbers to third parties. For more information about how we protect your information, please review our full Privacy Statement above.

CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose protected health information or how we will implement patient rights concerning such information. We reserve the right to change this notice and to make the provisions in our new notice effective for all protected health information we maintain. If we change these practices, we will publish a revised notice. You can receive a copy of our current notice at any time by downloading a paper copy of the notice from our website at www.thepathlab.com or by calling or writing to The Pathology Laboratory's privacy officer.

QUESTIONS, CONCERNS, OR COMPLAINTS

If you have any questions about this notice or have further questions about how The Pathology Laboratory may use and disclose your protected health information, please contact the privacy officer as set forth below. We welcome your feedback regarding any problems or concerns you have with your privacy rights or how The Pathology Laboratory uses or discloses your protected health information.

THE PATHOLOGY LABORATORY Privacy Officer
830 Bayou Pines Dr.

Lake Charles, LA 70601

(337) 436-9557

If The Pathology Laboratory cannot resolve your concern or complaint, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way for filing a complaint.

Effective date of this notice: May 1, 2026