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PanoHealth LLC	FORM	
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Author/Reviser: Rabee AboulHouda	Revision Level: 1.0	
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Quality Manager: Kelly Whittaker	Date: 2/09/2024	
President and COO: Dr. Huang	Date: 2/09/2024	

PanoHealth LLC Privacy Policy

PanoHealth, LLC is committed to protecting the privacy of your protected health information ("PHI"). This includes laboratory test orders and test results as well as invoices for the healthcare services we provide. As a testing and reference laboratory, PanoHealth collects patient PHI (as a medical record) and stores it electronically. The PHI record is the property of PanoHealth, but the information in the record belongs to the patient.

Our Responsibilities

PanoHealth is required by law to maintain the privacy of patient PHI and to provide patients notification upon request which describes the legal duties, privacy practices of PanoHealth and the patient rights as determined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended from time to time.

How We May Use or Disclose Health Information

We use patient PHI for treatment, payment, or healthcare operations purposes and for other purposes permitted or required by law. Not every use or disclosure is listed in this policy, but all of our uses or disclosures of PHI will fall into one of the categories listed below.

We need patient written authorization to use or disclose PHI for any purpose not covered by one of the categories below. Any authorization provided may be revoked at any time. If revoked by the patient, we will no longer use or disclose the PHI for the reasons stated in the authorization except to the extent we have already taken action. The law permits us to use or disclose PHI for the following purposes without specific authorization:

Treatment

PanoHealth provides laboratory testing for physicians and other healthcare professionals, and we use PHI in our testing process. We disclose PHI to authorized healthcare professionals who order tests or need access to your test results for treatment purposes.

Payment

PanoHealth will use PHI as part of our billing process and may send it to insurance companies or other appropriate parties, including to the patient, to obtain payment for our services. If the patient is insured under another person's health insurance policy (for example, parent, spouse, domestic partner or a former spouse), we may also send invoices to the subscriber whose policy covers the provided health services.

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Healthcare Operations

PanoHealth may use or disclose PHI for activities necessary to support our healthcare operations, such as performing quality checks on our testing, internal audits, or developing reference ranges for our tests.

Disclosure to Relatives, Close Friends and Other Caregivers

PHI may be disclosed to a family member, other relative, a close personal friend or any other person identified by the patient who is involved in their health care or helps pay for care. If the patient is not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of incapacity or an emergency circumstance, PanoHealth may exercise professional judgment to determine whether a disclosure is in the best interests of the patient. If information is disclosed to a family member, other relative or a close personal friend, PanoHealth would disclose only information believed to be directly relevant to the person's involvement with the patient health care or payment related to the health care.

Business Associates

We may provide PHI to other companies or individuals to assist us in providing specific services requiring the use and disclosure of PHI. These other entities, known as "business associates," are required to maintain the privacy and security of PHI. Our business associates must only use PHI for the services they perform on our behalf. For example, we may provide information to companies that assist us with the billing of our services. PanoHealth business associates have independent HIPAA compliance obligations.

As Required by Law

In certain circumstances, federal or state laws may require that we provide PHI to organizations such as:

Public Health Authorities The Food and Drug Administration Health Oversight Agencies Military Command Authorities National Security and Intelligence Organizations Correctional Institutions Organ and Tissue Donation Organizations Coroners, Medical Examiners and Funeral Directors Workers Compensation Agents Law Enforcement Activities and Legal Proceedings

We may use or disclose PHI if necessary, to prevent or lessen a serious threat to patient health and safety or that of another person. We may also provide PHI to law enforcement officials, for example, in

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response to a warrant, investigative demand or similar legal process, or for officials to identify or locate a suspect, fugitive, material witness, or missing person. We may also disclose PHI to appropriate agencies if we reasonably believe an individual to be a victim of abuse, neglect or domestic violence. We may disclose PHI as required to comply with a court or administrative order. Finally, we may provide PHI in response to a subpoena, discovery request or other legal process in the course of a judicial or administrative proceeding, but only if efforts have been made to inform the patient about the request or to obtain an order of protection for the requested information.

Uses and Disclosures of Your Highly Confidential Information

Federal and state law require special privacy protections for certain highly confidential information about patients, including the subset of PHI that: (1) is maintained in psychotherapy notes; (2) is about mental illness, mental retardation and developmental disabilities; (3) is about alcohol or drug abuse or addiction; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about communicable disease(s), including venereal disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic abuse of an adult; or (9) is about sexual assault. In order for patient highly confidential information to be disclosed for a purpose other than those permitted by law, patient written authorization is required.

Research

PanoHealth may disclose PHI for research purposes when an Institutional Review Board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of PHI and determined that the researcher does not need to obtain patient authorization prior to using PHI for research purposes. We may also disclose information about decedents to researchers under certain circumstances. We may also review information to determine if patients are a candidate for research. However we will not enroll patients in any clinical research without their written authorization. We may from time to time use laboratory samples for research that have been de-identified and do not contain any identification connecting the sample to the patient.

De-Identified Health Information

PanoHealth may use and disclose health information that has been "de-identified" by removing certain identifiers, making it unlikely that a patient could be identified. We may also disclose limited health information contained in a "limited data set." The limited data set does not contain any information that can directly identify patients. For example, a limited data set may include city, county, and Zip code but not name or street address.

Marketing

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We may provide information to patients regarding testing services or other health-related benefits offered by PanoHealth that may be of interest to patients, but we must receive written authorization to use PHI for other marketing purposes.

Sale of PHI

We are prohibited from selling PHI without prior authorization.

Note Regarding State Law

For all of the above purposes, when state law is more restrictive than federal law, we are required to follow the more restrictive state law.

Patient Rights Receive Test Information

Patients have the right to receive a copy of their PHI that we have created, including completed test reports, test orders, ordering provider information, billing information, insurance information, etc. Patients may request a copy of their PHI and may also request that we transmit the information to them or to another individual or third party. Patient requests should be in writing addressed to PanoHealth, LLC at the address above, Attention: Test Reports. We have thirty (30) days to act upon such requests. If another person requests access to PHI on behalf of a patient, we have the obligation to verify the identity and authority of any person requesting access to ones' PHI as their personal representative. We may charge a reasonable, cost-based fee for providing these copies. We may deny access to the clinical laboratory results we have unless they have been first received by the ordering or requesting physician.

Amend Health Information

Patients may request changes to PHI and we will accommodate them if we can. However, we are not required to make the requested changes. If we deny a written request to change PHI we will provide, within sixty (60) days of receipt of a request for amendment, with a written explanation of the reason for the denial and additional information regarding further actions that may be taken.

Accounting of Disclosures

Patients have the right to receive a list of certain disclosures of PHI made by PanoHealth in the past six years from the date of the written request. Under the law, this does not include disclosures made upon the request or for purposes of treatment, payment, or healthcare operations except for certain disclosures made through an electronic health record. We'll provide one free accounting of disclosures for every 12 month period, but we will charge a reasonable, cost-based fee if asked for another accounting in the same 12 month period.

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Get a Copy of this Privacy Notice

Requests for a copy of this policy notice can be made at any time and we will comply promptly.

Request Restrictions

Patients may request restrictions on the use and disclosure of PHI for treatment, payment and health care operations as well as to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with the care or with payment related to the care, but we are not required to agree to the request, with the following exception: If the patient has given someone medical power of attorney or if someone is the legal guardian, the person can exercise the patients' rights and make choices about PHI. Before we take any action requested by any individual that is not the patient, we will make sure the requesting individual has the proper legal authority and can legally act on their behalf.

Request Confidential Communications

Patients have the right to request that we send PHI by alternative means or to an alternative address, and we will accommodate reasonable requests.

Right to Pay Out-of-Pocket

Patients have the right to pay out-of-pocket for our services. Patients have the right to ask us to restrict the disclosure of PHI to their health plan for a service we provide to the patient where they have directly paid us (out of pocket, in full) for that service, in which case we must honor the request.

How to Exercise Your Rights

You may write to us at the address at the beginning of this Policy with your specific request. PanoHealth will consider the request and provide a response within a reasonable timeframe.

Receive Notice in the Event of a Breach.

In the event of a breach of PHI that has not been secured in accordance with federal standards (such as encrypted), patients have the right to be notified of the breach and to be provided, to the extent available, with a description of the breach, a description of the types of information involved in the breach, the steps that should be taken to protect patients from potential harm, a brief description of what we are doing to investigate the breach, mitigate harm, and prevent further breaches, as well as contact information for questions or concerns regarding the breach.

Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint with us. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. Upon request, PanoHealth will provide you with the correct address for

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the Director. To file a complaint with us, write to us at the following address: PanoHealth, LLC, 2607 Parkway Lane Suite 300, Peachtree Corners, GA 30092. PanoHealth will not retaliate against any individual for filing a complaint.

Note

We reserve the right to amend the terms of this Policy and associated notices to reflect changes in our privacy practices, and to make the new terms and practices applicable to all PHI that we maintain about patients, including PHI created or received prior to the effective date of the Policy revision. Our Policy is displayed on our website www.panohealth.com and a copy is available upon request.

Should you have any questions about this Policy or our privacy practices, please contact us by email info@panohealth.com, or you may write us at: PanoHealth, LLC, 2607 Parkway Lane Suite 300, Peachtree Corners, GA 30092