



# Notice of Privacy Practices

Effective Date of this notice: May 25, 2018

## Why do we collect information about you?

Clinical Reference Laboratory is a laboratory located in the United States and England specializing in clinical and toxicology testing for insurers, employers, global pharmaceutical and biotech companies, as well as healthcare providers. We provide laboratory testing in support of corporate wellness programs, drugs of abuse testing programs, insurance risk assessment, and global clinical trials.

## What information do we collect about you?

We receive information you provided on your consent form or chain of custody when you provide blood, urine, or saliva sample(s) for laboratory testing relating to your:

- 1) Application for insurance;
- 2) Employment/pre-employment drug testing;
- 3) Participation in a pharmaceutical study;
- 4) Participation in a corporate wellness program;
- 5) Testing ordered by your doctor.

The information you provide may include your: name, date of birth, Social Security Number (or other identifying number), address, phone number, email address, height, weight, blood pressure, and medications.

In addition, through testing of your sample, we obtain your laboratory test results.

## How will we use information about you?

We may use your personal data (or disclose it) to:

- Provide laboratory testing services
- Seek payment for services
- Healthcare Operations
- Legal & Public Health Requirements
- Law Enforcement purposes;
- Worker's Compensation;
- Work site safety laws (OSHA);
- To Report Abuse;
- Pursuant to proper authorization; or
- Health Benefits Information.

We will only disclose as much information as is necessary for the purpose.

## Access to your information and correction

We may use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your health information for any other reason without your authorization.

You have the right to:

### 1. [Request for Restrictions on Use & Disclosure](#)

You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization.

If the authorization permits disclosure of your information to an insurance company, as a condition of obtaining coverage, other law may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.

You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict

disclosures that are required by law. You have the right to request information not be provided to your health plan if you have paid for services in full.

2. [Request to Confidential Communications](#)
3. [Request to Inspect Protected Health Information](#) and receive a copy of your information.
4. [Request for Amendment of Health Information](#)
5. [Request for Accounting of Disclosures](#)
6. To File a Complaint

## Data Retention

We will retain your personal data in accordance with applicable law or contract as is required.

## Changes to our privacy policy

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information which we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice that includes the change. We will post the new notice at [www.crlcorp.com/privacy](http://www.crlcorp.com/privacy). The new notice will include an effective date.

## File a Complaint or Contact Us

For more information about this notice, our privacy policies, to exercise any of your rights, as listed on this notice, or if you want to request a hardcopy of our current notice of privacy practices, contact:

Clinical Reference Laboratory, Inc.  
Attn: Privacy Officer  
8433 Quivira Road  
Lenexa, KS 66215  
913-492-3652  
[privacy@crlcorp.com](mailto:privacy@crlcorp.com)

In the United States, you may also file a complaint directly with the:

Secretary - U.S. Department of Health and Human Services  
Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201