



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

Get an electronic or paper copy of your medical record

- You can ask to receive a copy of your laboratory results. Upon request you will be sent a form. Once the form is completed and verified, your laboratory results will be sent to you either by fax, encrypted email, or regular mail. Requests will be handled in a timely manner and will be responded no less than 30 days after the requests, unless an extension is provided. There is no fee for this service. If the request is denied by Diatherix, the patient has a year to appeal in writing either by fax, email or regular US mail.

Ask us to correct your medical record

- You can ask us to correct limited health information about what you think is incorrect or incomplete. Some requests may require that the change come from your ordering physician.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days. You may appeal this decision in writing within 90 days. We will notify you of our decision on your appeal with 30 days.

Your Rights *continued*

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will approve all reasonable requests.

Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our operations. -We are not required to agree to your request.
- You can opt out of any facility directory we may generate to share.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information (for the purpose of payment or our operations) with your health insurer. This may be done so in writing or when your physician orders your test.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information, including who we shared it with and why, for six years prior to the date of your request.
- We will include all the disclosures except those about treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free.

Get a copy of this Privacy Notice

- You can ask for a paper copy of this notice at any time, even if you have received this electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Please have that information sent to us in writing to the address below.
- We will make sure the person has the legal authority and can act for you before we take any action.

File a complaint if you feel your rights were violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave. SW, Washington, D.C. 20201, calling 1-877-696-6675 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us, Tell us what you want us to do and we will follow your instructions

In this case, you have both the right and choice to tell us to:

- Share information as allowed by the governing laws of laboratories with your family and others involved in your care.
- You can ask for limits on who we share your information and how much of it we share by doing so in writing or with a verbal requests.
- You have the option to request full access to your records to your designee.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen serious and imminent threat to health or safety.

We will not use or share your information other than as described unless you can tell us in writing:

Other than stated above and below, we will not use or disclose your health information other than with your written authorization. You may request a disclosure to a third party with this request. Please call our toll free number for assistance. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your health information for marketing purposes, or sell your health information unless you have signed an authorization. You may revoke such a written authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing health information about you, except to the extent that we have already taken action in reliance on your authorization.

Your Right to Direct Us to Send Your PHI and Claims to a Third Party

Diatherix may use or disclose PHI as permitted by an authorization that complies with the requirements of this section. To be valid, an authorization must be written in plain language, be signed by the individual or the individual's personal representative (see "Personal Representatives" policy) and contain at least the following elements:

- A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
- A name or other specific identification of the person(s), or entity(ies), authorized to make the requested use or disclosure;

(Cont.)Your Right
to Direct Us to
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Party

- The name or other specific identification of the person(s), or entity(ies), to whom Diatherix may make the requested use or disclosure;
- A description of each purpose of the requested use or disclosure (the statement “at the request of the individual” is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose);
- An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure;
- Signature of the individual, or if the authorization is signed by a personal representative of the individual, a description of the personal representative’s authority to act on behalf of the individual, and the date;
- A statement describing the individual’s right to revoke the authorization in writing and a reference to the revocation procedure and exceptions to the individual’s right to revoke;
- A statement describing the inability of Diatherix to condition enrollment or eligibility for benefits on the authorization, unless the authorization is for Diatherix’s eligibility or enrollment determinations relating to the individual, or for its underwriting or risk rating determinations; and the authorization is not for the use or disclosure of psychotherapy notes;
- A statement describing the potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected by the HIPAA Rules;

An individual may revoke an authorization at any time provided that the revocation is in writing, except to the extent that Diatherix already taken action in reliance on the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or the policy itself.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Treat you

- We can use your health information and share it with the practice that is treating

Example: The doctor who orders your test will receive your results in the manner they have chosen.

Run our organization

- We can use and share your information with each department within our company

Example: We forward your information to our client services, laboratory and billing departments.

Bill for your services

- We can use and share your information with your health insurance carrier. You may ask us to bill you instead of your insurance carrier if you wish.

Example: We give information about you to your health insurance plan so it will pay for your services.

Address workers' compensation, law enforcement, and other government

- We can use or share health information about you for workers' compensation claims
- With health oversight agencies

Respond to lawsuits and legal actions

- We can share health information about you in response to a court order or in response to a subpoena.

How else can we use or share your health information? We are allowed, or required, to share your information in other ways- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health & safety issues

- We can share health information about you for certain situations such as :
 - Preventing disease
 - Preventing or reducing a serious threat to anyone's health or safety

Do Research

- We can use or share your information for health research

Comply with the law

- We can use or share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

We will not use or share your information other than as described unless you can tell us in writing:

Other than stated above and below, we will not use or disclose your health information other than with your written authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your health information for marketing purposes, or sell your health information unless you have signed an authorization. You may revoke such a written authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing health information about you, except to the extent that we have already taken action in reliance on your authorization.

Abuse or Neglect of Children

Diatherix may disclose PHI to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect. Diatherix must comply with all applicable state and local laws and regulations regarding the required reporting of child abuse or neglect. These requirements vary by state, and the Compliance Officer will confirm what requirements apply when needed.

Other Crime Victims, Neglect, Abuse, or Domestic Violence

If Diatherix provides emergency health care in response to a medical emergency, other than an emergency on the premises, Diatherix may disclose PHI to a law enforcement official if the disclosure appears necessary to alert law enforcement to: (i) the commission and nature of a crime; (ii) the location of such crime or of the victims; and (iii) the identity, description and location of the perpetrator of such crime. However, if Diatherix believes the medical emergency is the result of abuse, neglect, or domestic violence, Diatherix may disclose PHI in accordance with this Policy.

Decedents, cadaveric organs, eye or tissue donation, specialized government functions

- Diatherix may disclose PHI a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or other duties as authorized by law.
- Diatherix may disclose PHI to a funeral director to the extent that the funeral director needs the information to carry out its duties with regard to a deceased patient.
- Diatherix may use or disclose PHI to organ procurement agencies or other entities engaged in procuring, banking, or transplanting cadaveric eyes, organs, or tissue for the purpose of facilitating organ, eye or tissue donation or transplantation.
- Diatherix may use and disclose PHI as required by law, provided the use or disclosure complies with and is limited to the relevant requirements of such law. Any uses or disclosures required by law must comply with the applicable requirements of this Policy.

Our Responsibilities

- Diatherix is required by law to maintain the privacy and security of your protected health information.
- We will let you know if a breach occurs that may have compromised the privacy of your information.
- We must follow the duties and practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described unless you tell us we can in writing.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on our website.

Effective Date: September 24, 2013

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