



DIATHERIX®

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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 a copy of your laboratory results

- 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.

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.

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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.
- 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.

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.
- 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.

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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.

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.

In these cases we never share your information unless you give us written permission

- Marketing and Fundraising purposes
- Sale of your information

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 you

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

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

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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.

Our Responsibilities

- We are 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.

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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

Chief Compliance Officer
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