

## **NOTICE OF PRIVACY PRACTICES**

### **I. 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.**

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### **II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**

We are legally required to protect the privacy of your health information. We call this information “protected health information,” or “PHI” for short, and it includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you, when requested by you, with this notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure.

We are legally required to follow the privacy practices that are described in this notice. The current notice will be posted in all of our facilities and will include the effective date. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice. You can also request a copy of this notice from the contact person listed in Section V at any time and can view a copy of the notice on our Web site at [www.pathgroup.com](http://www.pathgroup.com).

### **III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.**

We use and disclose health information for many different reasons. Below, we describe the different categories of our uses and disclosures and give you some examples of each category. Not every use or disclosure in a category will be listed.

- **For treatment.** We may disclose your PHI to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, we may provide your PHI to your physician.
- **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
- **For health care operations.** We may disclose your PHI in order to operate this lab. For example, we may use your PHI in order to evaluate the quality of our testing. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.
- **Individuals Involved in Your Care or Payment for your Care.** Unless you request

that we not do so, we may release medical information about you to a friend or family member who is involved in your medical care. We also may give information to someone who helps pay for your care.

- **As required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **Law Enforcement.**
  - We may release medical information if asked to do so by a law enforcement official:
  - In response to a court or other tribunal order, subpoena, warrant, summons or similar Process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **For public health activities.** For example, we report information about various diseases to government officials in charge of collecting that information.
- **For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- **For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research. We will almost always ask for your specific permission if the researcher has access to your name, address or other information that reveals who you are.
- **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **For workers' compensation purposes.**  
We may provide PHI in order to comply with workers' compensation laws.
- **Organ and Tissue Donation.** If you are an organ donor or potential recipient, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we are assured that efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Other Uses of Medical Information.** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we have provided to you.

#### **IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

You have the following rights with respect to your PHI:

- **The Right to Inspect and Copy.**

In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, we will charge you \$5.00 for each page. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI, as long as you agree to that and to the cost in advance.

**Note: CLIA regulations and state law will determine whether a lab can provide test results directly to a patient.**

- **Right to Amend.**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Company.

To request an amendment, we have a special form for that purpose which may be obtained by contacting the Privacy Official, Louis Suttle,

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no
- Longer available to make the amendment;

- Is not part of the medical information key by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

➤ **Right to an Accounting of Disclosures.**

You have the right to request an "accounting of disclosures." This is a list of the disclosures of your medical information we have made, other than for treatment, payment, health care operations, or as specifically authorized by you.

To request this accounting of disclosures, you must submit your request in writing. We have a special form for that purpose which you may obtain by contacting the Privacy Official, Louis Suttle. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

➤ **Right to Request Restrictions.**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a past medical condition.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing. We have a special form for that purpose which will be supplied to you if you ask for it. In your request, you must tell us

(1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply -- for example, disclosures to your spouse.

➤ **Right to Request Confidential Communications.**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, we have a special form for that purpose which will be supplied to you if you ask for it. We will not ask you the reason for your request. We will accommodate all reasonable requests.

➤ **Right to a Paper Copy of This Notice.**

You have the right to a paper copy of this Notice. You may ask us to give you a copy of our current Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of our current Notice at our website, [www.pathgroup.com](http://www.pathgroup.com)

To obtain a paper copy of our current Notice, contact the Privacy Official, Louis Suttle.

## **V. COMPLAINTS**

If you think that we may have violated your privacy rights, or you disagree with a decision we

made about access to your PHI, you may file a written complaint with:

Louis Suttle, Privacy Official  
5301 Virginia Way, Suite 300  
Brentwood, TN 37027  
Phone: 615-221-4500  
e-mail: lsuttle@pathgroup.com

You may also file a written complaint with:

Secretary, Department of HHS  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Toll Free: (877) 696-6775

We will take no retaliatory action against you if you file a complaint about our privacy practices.

#### **VI. EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on April 14, 2003  
Revised 5/21/2007

**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices provided by PathGroup, Inc.

Patient Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_