

NOTICE OF PRIVACY PRACTICES

Effective: September 19, 2016

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.

Any references in this Notice to “we,” “us,” or “our” means PathGroup and its subsidiaries and affiliated practices.

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

We are required by law to maintain the privacy of your medical information, called protected health information or PHI, and to give you this notice, which outlines our legal duties and how we handle your PHI. We are legally required to follow the privacy practices that are described in this Notice. We are also required to notify you of any breach of your unsecured PHI that we discover.

This Notice applies to all PHI PathGroup uses or discloses. Your doctor may have a different notice regarding his or her use and disclosure of your PHI. The PathGroup Notice is available on our website, www.pathgroup.com. PathGroup is committed to maintaining the confidentiality of your PHI, a commitment we take seriously.

In addition to abiding by federal law, PathGroup also complies with state laws that govern the use and disclosure of your PHI. In cases in which a state law is more restrictive than federal law regarding release of your PHI to someone else, we follow the more restrictive state law. Also, if state law places more restrictions on procedural requirements on how you can access your own PHI, we are required to enforce those restrictions.

HOW WE MAY USE AND DISCLOSE YOUR PHI.

The following sections explain how we may use or disclosure your PHI. Some of the uses and disclosures may be limited or restricted by state laws or other legal requirements.

For Treatment. We may use or disclose your PHI to provide you with medical treatment or services. We may disclose PHI 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 test results to your physician.

For Payment. We may use and disclose your PHI in order to bill and collect payment for the services provided to you. For example, we may provide portions of your PHI to your health plan to get paid for health care services we provide to you or Health Care Operations. We may use and disclose your PHI in order to operate our lab business. For example, we may use your PHI in order to evaluate the quality of our testing, for teaching purposes, or for determining normal ranges for tests that we perform.

To Individuals Involved in Your Care or Payment for Your Care. Unless you request that we not do so, in certain circumstances we may release PHI about you to a friend or family member who is involved in your medical care. We also may give PHI about you to someone who helps pay for your care. However, such disclosure may be subject to other more restrictive laws, and we would not be able to release any information we are unable to release to you.

As Required by Law. We may use or disclose PHI about you when required to do so by federal, state or local law.

To Law Enforcement. We may disclose PHI about you if asked to do so by a law enforcement official. For example, we may be required to release PHI about you in response to a court order, subpoena, warrant, summons, or similar process. We may also release PHI about you to assist in locating a suspect, fugitive, material witness, or missing person.

For Public Health Activities. We may disclose PHI about you to government officials in charge of collecting information about reportable diseases. We may disclose PHI about you to the Food and Drug Administration for reporting purposes.

For Health Oversight Activities. We may disclose your PHI for oversight activities such as governmental oversight, licensure, auditing, and other purposes.

For Research Purposes. In certain circumstances, we may use or disclose 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.

For Public Safety. If necessary, we may disclose your PHI to prevent or lessen a serious threat to the health or safety of a person or the public.

For Government Functions. If you are a member of the armed forces, we may disclose PHI about you as required by military command authorities. We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, protection of the President, other persons, or foreign heads of state, and other national security activities authorized by law.

For Workers' Compensation Purposes. We may disclose your PHI in order to comply with workers' compensation laws.

For Organ and Tissue Donation. If you are an organ donor or potential recipient, we may disclose PHI about you 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.

For Judicial and Administrative Proceedings. We may disclose PHI about you as required to comply with court orders, discovery requests or other legal process in the course of a judicial or administrative proceeding.

To Coroners, Medical Examiners, and Funeral Directors. We may disclose PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death.

About Inmates. We may disclose PHI of an inmate or other person when required by a correction institution or law enforcement official for health, safety, or security purposes.

To Business Associates. We may disclose PHI about you to our business associates. We contract with business associates to perform on our behalf or assist us in the performance of functions or activities involving the use or disclosure of PHI. By law and under the terms of our contracts, our business associates are required to safeguard and protect PHI.

Other Uses of PHI. Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization.

Authorization. Uses and disclosures of your PHI that require your authorization include any sale of your PHI or use or disclosure for paid marketing purposes. If you authorize us to use or disclose PHI about you, you may revoke that permission, in writing, at any time, except to the extent we have already used your PHI or made disclosures based on your authorization.

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

Right to Access. You have the right to request access to PHI, including completed lab reports that we maintain and use to make decisions about your care or payment for your care. You must make the request for access in writing. We will respond to your request for access within 30 days of our receipt of your written request. We may extend the response time for an additional 30 days if we provide you with a written statement of the reasons for the delay and the date by which access will be provided. We may deny your request for access if a licensed health care professional determines that providing access is reasonably likely to endanger your life or physical

safety or that of another person, or cause you or another person substantial harm. You have the right to access and receive your PHI in an electronic format if it is readily producible in such a format.

We may charge reasonable fees for the labor and supplies necessary to create a copy.

Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you may request in writing that we amend the information, but we are not required to make the requested amendments in all cases.

Right to an Accounting of Disclosures. You have the right to request in writing an accounting of the disclosures we have made of your PHI in the six (6) years prior to the date on which you request the accounting. This list of the disclosures of your PHI will not include disclosures we have made for treatment, payment, health care operations, or as specifically authorized by you.

Right to Request Restrictions. You have the right to request in writing a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI that we disclose about you to someone who is involved in your care or the payment for your care. Except as discussed below, we are not required to agree to your request.

If you ask us to restrict disclosures of your PHI to your health insurer for a particular service, we must agree to your request if you have paid us out of pocket and in full at the time the service was provided to you.

Right to Request Confidential Communications. You have the right to request in writing that we communicate with you about medical matters in a certain way or at a certain location. 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 at any time. You may also obtain a copy of our current Notice at our website, www.pathgroup.com.

GENERAL INFORMATION AND COMPLAINTS

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.

To exercise any of your rights discussed above, please submit a request in writing to the Chief Privacy Officer at the Address below. If you think that we may have violated your privacy rights, or you disagree with a decision that we made about access to your PHI, you may file a written complaint with the Chief Privacy Officer:

Will Fuqua, Privacy Officer
5301 Virginia Way, Suite 300
Brentwood, TN 37207
Phone: (615) 695-4987
e-mail: wfuqua@pathgroup.com

You may also file a written complaint with the Secretary of the Department of Health and Human Services: Secretary, Department of HHS 200 Independence Avenue, S.W. Washington, D.C. 20201
Toll Free: (877) 696-6775 <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

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

EFFECTIVE DATE OF THIS NOTICE This Notice went into effect on April 14, 2003 Revised May, 21, 2007
Revised March 10, 2010
Revised January 1, 2011
Revised August 1, 2013
Revised October 1, 2014
Revised September 19, 2016
Revised August 14, 2017
Revised January 25, 2018
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