



Privacy Notice

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

ANY LAB TEST NOW® ("ALTN") is required by applicable federal law and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are describe in this notice while it is in effect. This notice takes effect October 19, 2020 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. For more information about our privacy practices, or additional copies of this notice, please contact an ALTN employee.

USES AND DISCLOSURES OF HEALTH INFORMATION

We will use and disclose your health information for the reasons identified below. Not every permitted use or disclosure is listed in this Notice, but all of our uses or disclosures of your health information will fall into one of the categories listed below:

Treatment: We may use or disclose your health information if the purpose of the disclosure relates to your treatment. For example, we may release your health information to a physician or other healthcare provider providing treatment to you.

Payment: We will use and disclose your health information for billing and payment purposes. For example, we may disclose your health information to a billing company that assists us in obtaining payment for our services.

Healthcare Operations: We may use and disclose your health information for activities related to our healthcare operations, including quality assurance reviews, internal audits or legal review.

Business Associates: We may provide your health information to companies or individuals with whom we contract to provide services to us ("Business Associates"), if the disclosure is related to treatment, payment or healthcare operations. Business Associates are required to maintain the privacy and security of patient health information. For example, we may disclose your health information to a collection agency to obtain payment when necessary.

As Required by Law: We may use and disclose your health information as required by law.

Law Enforcement Activities and Legal Proceedings: We may use and disclose your health information if necessary, to prevent or reduce a serious threat to your health and safety, or that of another person. For example, we may provide your health information to law enforcement officials in response to a warrant, investigative demand or similar legal process, or for officials to identify or locate a suspect, fugitive, material witness, or missing person. We may also disclose your health information to appropriate agencies if we reasonably believe that an individual may be a victim of abuse, neglect or domestic violence.

We may disclose your health information as required to comply with a court or administrative order. We may disclose health information in response to a subpoena, discovery request or other legal process in the course of a judicial or administrative proceeding, but only if efforts have been made to tell you about the request or to obtain an order of protection for the requested information.

Research: We may disclose health information for research purposes in limited circumstances if all requirements under the HIPAA Privacy Rule are met. We may also disclose information about decedents to researchers under certain circumstances.

Other Uses and Disclosures: In addition, we may disclose your health information to the following agencies without your signed authorization:

- Public Health Authorities
- The Food and Drug Administration
- Health Oversight Agencies
- Military Command Authorities
- National Security and Intelligence Organizations
- Correctional Institutions
- Organ and Tissue Donation Organizations
- Coroners, Medical Examiners and Funeral Directors
- Workers Compensation Agents

We may also disclose health information to those assisting in disaster relief efforts so that others can be notified about your condition, status and location.

Your Authorization: In addition to our use of your health information for the reasons addressed above, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree in writing that we may do so. If you give us authorization, you may revoke it in writing at any time. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

OUR CUSTOMER'S RIGHTS

Access: You have the right to inspect and obtain a copy of your protected health information, with limited exceptions. Requests for access to your protected health information must be made in writing.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities. You must make your request in writing.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). You must make your request in writing.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Right to Express Complaints: You have the right to express complaints to us and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. If you wish to complain to us, you must do so in writing.

Right to Notice in the Event of a Breach: You have the right to be notified when your health information has been acquired, accessed, used or disclosed in a manner that is not legally permitted, and where ALTN determines that a breach in the protection of your health information has occurred. If a breach of your health information occurs, you will be notified of the breach in writing, within 60 days of when the breach was discovered.

Right to Revoke Authorization: If you provide ALTN with authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Right to Obtain a Copy of Privacy Notice: You have a right to request and receive a paper copy of this Privacy Notice.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, or have questions or concerns, please contact your ALTN at the address below.

If you are concerned that we may have violated your privacy rights, or disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the US Department of Health and Human Services.

ALTN supports your right to the privacy of your health information. You will not be penalized in any way if you choose to file a complaint with us and/or the US Department of Health and Human Services.

For more information on HIPAA, visit <http://www.hhs.gov/ocr/privacysummary.pdf>.

ANY LAB TEST NOW®
Compliance Officer
303 Perimeter Center North, Suite 575
Atlanta, GA 30346