

# NOTICE OF PRIVACY PRACTICES

QuikLabs, Inc.

Effective: 9/1/2004

**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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

**OUR LEGAL DUTY:** Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) we are required to maintain the privacy of your protected health information. In accordance with state and federal law, we are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information.

**PERSONS COVERED BY THIS NOTICE:** QuikLabs, Inc. provides health care to our patients in partnership with physicians and other professionals and organizations. These entities, sites, and locations may share medical information with each other for treatment, payment, and operations. The following are persons covered by this notice: (i) All employees, staff, and other personnel, including associate staff, nursing, and other health care student., (ii) Any business associates or partners and our administrative services with whom we share health information, (iii) Facility sites and locations, including, but not limited to QuikLabs, Inc. Jasper, Cumming, Gainesville, Cartersville, Blue Ridge, and Rome, (iv) Persons or entities performing services for QuikLabs, Inc. under agreements containing privacy protections or to which disclosure of medical information is permitted by law, (v) Persons or entities with whom QuikLabs, Inc. participates in managed care arrangements.

**OUR PLEDGE TO YOU:** We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain.

(i) Keep medical information about you private, (ii) give you this Notice of our legal duties and privacy practices with respect to medical information about you, (iii) follow the terms of this Notice that is currently in effect.

**CHANGES TO THIS NOTICE:** We reserve the right to change this Notice at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our Notice to coincide with the effective date and post the new Notice in waiting areas and exam rooms.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

**TREATMENT:** We may use your medical information to provide medical treatment or services to you. We may disclose medical information about you to doctors, nurses, technicians, medical and nursing or other health care students, or other personnel taking care of you. We may share your medical information to schedule the tests and procedures you need, such as prescriptions, laboratory tests, and x-rays. We also may disclose your medical information to health care facilities, a nursing home, a home health provider, or a rehabilitation center. We also may disclose your medical information to other health care providers that are involved in your care such as family members, diagnostic testing facilities, or pharmacists.

**PAYMENT:** We may use and disclose your medical information so that the treatment and services you receive can be billed and collected from you, an insurance company, or another third party. For example, we may give your health plan information about services you received so your health plan will pay us for the services. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval from your plan to cover payment for the treatment.

**BUSINESS ASSOCIATES:** There may be instances where services are provided to our organization through contracts with third-party "business associates". Whenever a business associate arrangement involves the use or disclosure of your health information, we still have a written contract that requires the business associate to maintain the same high standards of safeguarding your privacy that we require of our own employees and affiliates.

**HEALTH SERVICES, TREATMENT ALTERNATIVES, AND HEALTH-RELATED BENEFITS:** We may use and disclose your medical information to tell you about (i) health related products or services that we offer, (ii) other providers participating in a health care network that we participate in, (iii) possible treatment options or alternatives, or (iv) health-related benefits or services that may be of interest to you. We also may use that information to communicate with you to coordinate your care. We may use and disclose your medical information to contact and remind you of an appointment for treatment or medical care.

**COMMUNICATION WITH FAMILY OR FRIENDS:** We may release your medical information to the person you named in your Durable Power of Attorney for Health Care (if you have one), to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you) or any other person you identify, relevant to that person's involvement in your care or payment related to your care. In addition, we may disclose your medical information to an entity assisting in disaster relief efforts so that your family can be notified about your condition.

**REQUIRED BY LAW:** We will disclose your medical information when required by federal, state, or local laws. For example, we must comply with child abuse reporting laws and laws requiring us to report certain diseases or injuries to state or federal agencies.

**SERIOUS THREAT TO HEALTH OR SAFETY:** Consistent with applicable federal and state laws, we may use and disclose health information when necessary to prevent a serious threat to the health and safety of you, the public, or another person.

**NOTE:** Georgia and Federal law provides additional protection for certain types of health information, including **alcohol or drug abuse, mental health, and AIDS/HIV**, and may limit whether and how we may disclose information about you to others.

**SPECIAL SITUATIONS:**

**MILITARY AND VETERANS:** If you are a member of the U.S. or foreign armed forces, we may disclose health information about you as required by military command.

**WORKERS' COMPENSATION:** We may disclose health information to provide benefits for work-related injuries and illness to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

**MINORS:** If you are a minor (under 18 years of age), we may release certain types of information to your parent, guardian in accordance with applicable law.

**PUBLIC HEALTH RISKS:** We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report births and deaths; to report child or adult abuse, neglect, or violence; to report reactions to medications or problems with products; to notify people of recalls of products; and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.

**LAWSUITS AND DISPUTES:** We may disclose information about you to respond to a court or administrative order or a search warrant. We may also disclose information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been able to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.

**LAW ENFORCEMENT:** Subject to certain conditions, we may disclose your medical information for a law enforcement purpose upon the request of federal, state, or local law enforcement.

**PROTECTIVE SERVICES FOR THE PRESIDENT, NATIONAL SECURITY, AND INTELLIGENCE ACTIVITIES:** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, to conduct special investigations, for intelligence, counterintelligence, and other national security activities authorized by law.

**INMATES:** If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical information to the correctional institution or law enforcement officer. This release would be necessary for us to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the law enforcement officer or the correctional institution.

**OTHER USES OF MEDICAL INFORMATION:** In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision. You understand that we are unable to take back any disclosures we have already made with your permission, we still continue to comply with laws that require certain disclosures, and we are required to retain our records of the care that we provide to you.

**YOUR PRIVACY RIGHTS:** In most cases, **you have the right to review or get a copy of medical information** that we use to make decisions about your care when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision. If you believe that information in your record is incorrect or if important information is missing, **you have the right to request that we correct the records**, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record. **You have the right to a list of those instances where we have disclosed medical information about you**, other than for treatment, payment, health care operations, or where you specifically authorized a disclosure when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after 9/1/2004. You may receive a list or summary in paper or electronic form. We will inform you of the cost before you incur any costs. **You have the right to a paper copy of this Notice** even if you agreed to receive it electronically. **You have the right to request that medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to communicate with you. **You may request, in writing, that we not use or disclose medical information about you** for treatment, payment, or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We still inform you of our decision on your request. **All written request or appeals should be submitted to our Chief Privacy Officer** listed at the bottom of this notice.

**COMPLAINTS:** If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made regarding your protected health information, you may contact our Chief Privacy Officer (listed below) or designed representative. Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Chief Privacy Officer can provide you with the address. Under no circumstance will you be penalized or retaliated against for filing a complaint.

**CHIEF PRIVACY OFFICER: Dr. Carl McCurdy**