

Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW THIS NOTICE CAREFULLY.**

averhealth is committed to protecting your protected health information (“PHI”), which may identify you and relates to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

averhealth is required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice currently in effect. averhealth reserves the right to change the terms of our Notice at any time. Any new Notice will be effective for PHI that we maintain at that time, and a revised Notice will be provide to you at your next appointment.

HOW WE MAY USE AND DISCLOSE YOUR PHI

For Treatment. Your PHI may be used and disclosed to those outside of averhealth who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services.

For Payment. We may use or disclose PHI so that we can receive payment for the laboratory services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with Medicare, Medicaid, or your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to: quality assessment activities, employee review activities, reminding you of appointments, to provide you information about other health related benefits and services, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., auditing), provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

Business Associates. We may contract with individuals or entities called Business Associates to perform various treatment, payment, and health care operations on our behalf. For example, we may disclose your PHI to a Business Associate to assist us with claims processing for laboratory services you received from us. To protect your PHI, we require our Business Associates to appropriately safeguard your information.

Military and Veterans. If you are a member of the armed forces, we may release your PHI as required by military command authorities.

Workers’ Compensation. We may release your PHI for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your PHI for public health activities, such as to prevent or control disease, injury, or disability; or to report child abuse or neglect.

To Avert a Serious Threat to Health or Safety. We may use or disclose your PHI when necessary to prevent a serious threat to your health or safety or the health or the safety of the public or another person.

However, we would only disclose PHI to someone able to help prevent the threat.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government plans, and compliance with civil rights laws.

Coroners, Health Examiners, and Funeral Directors. We may release your PHI to a coroner or health examiner, for example, to identify a deceased person or determine the cause of death. We may also release your PHI about patients to funeral home directors as necessary to carry out their duties.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or an administrative order. We may also disclose your PHI in response to a subpoena or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested.

As Required By Law and For Law Enforcement. We will disclose PHI when required by Federal, State, or Local Law. We may also release PHI if asked to do so by a law enforcement official in response to court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about a death we may believe may be the result of criminal conduct; about criminal conduct at our laboratory and testing centers; and in emergency circumstances to report a crime, the location of a crime, or victims; or the identity, description, or location of the person who committed the crime.

National Security and Intelligence Activities. We may release your PHI to authorized federal officials 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 official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary: for the institution 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 correctional institution.

Disclosures to Persons Involved in Your Medical Care. We may disclose your PHI to your family or other persons involved in your medical care or payment for care. You have the right to object to the sharing of this information.

YOUR RIGHTS REGARDING YOUR PHI

Right to Inspect and Copy Your Records. In most cases, you have the right to inspect or copy all or part of your medical or health record as provided by Federal regulations, including an electronic copy if we maintain your records electronically. You must make your request in writing to our Privacy Officer at the address at the end of this Notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. In limited circumstances, we may deny your request to inspect or copy your records.

Right to Request a Correction or Update of Your Records. You may ask us to change or add missing information to your records if you think there is a mistake. You must make the request in writing to our Privacy Officer at the address at the end of this Notice and provide a reason for the request. We may deny your request if it is not in writing or does not include a reason for the request. We may also deny your request if you ask us to change information that is accurate and complete; is not part of the information you are permitted to inspect and copy; was not created by us, unless the person or organization

that created the information is no longer available to make the change; or is not part of the health information kept by or for our laboratory and testing centers. Any changes we make to your PHI will be disclosed to those with whom we disclose information, as described above.

Right to Get a List of Disclosures. You have the right to ask for a list of certain disclosures of your PHI we have made to third-parties to the extent required by law. Your request must be made in writing to our Privacy Officer at the address at the end of this Notice. We are not required to account for disclosures made for any period longer than 6 years. The first list you request within a 12-month period will be free. Fees will be charged for the cost of providing additional lists. We will mail you a list of disclosures in paper form within 30 days of your request, subject to a possible 30-day extension in which case we will notify you if we are unable to supply the list within the original 30-day time period.

Right to Request Limits on Uses and Disclosures of PHI. You have the right to ask that we limit how your PHI is used or disclosed. You also have the right to ask that we limit your PHI we disclose to someone who is involved in your care, such as a family member or friend. For example, you may ask us not to disclose PHI to your spouse about the testing services we perform. You must make a request in writing to our Privacy Officer at the address at the end of this Notice. You must tell us what PHI you want to limit and to whom you want the limits to apply. We are not required to agree to the restriction, unless the request is for a specific item to not be disclosed to your health plan for purposes of payment or health care operations if you have paid in full for that item out of pocket, and the disclosure is not otherwise required by other law.

Right to Request How We Communicate With You. You have the right to ask that we share your PHI in a certain way or at a certain place. For example, you may ask us to send communications to your work address instead of a home address. You must make this request in writing to our Privacy Officer at the address at the end of this Notice. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to Receive Notification of a Breach. You have the right to receive notification if we discover a breach of any of your PHI that is not secured in accordance with Federal guidelines.

Right to Get a Paper Copy of this Notice. You have the right to ask for a paper copy of this Notice at any time. Current copies of this Notice will also be available at all times at each of our laboratory and testing centers.

Right to File a Complaint. You have the right to file a complaint if you do not agree with how we have used or disclosed your PHI.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by a drug and alcohol abuse program ("Program") is protected by additional Federal law and regulations. In some circumstances, averhealth provides services to a Program and these additional laws apply. Generally, in such cases, neither a Program nor averhealth may say to a person outside a Program that a patient attends the Program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- The patient consents in writing;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or Program evaluation.

Violation of the Federal law and regulations by a Program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at a Program or against any person who works for a Program or about any threat to commit such a crime.

OTHER USES OR DISCLOSURES OF YOUR PHI REQUIRE AUTHORIZATION

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose your PHI, you may revoke that authorization at any time by submitting a written request to our Privacy Officer at the address listed at the end of this Notice. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made pursuant to your authorization, and that we are required to retain our records of the testing services that we provided to you.

FOR MORE INFORMATION OR TO MAKE A COMPLAINT

If you have any questions about this Notice, please contact our Privacy Officer at (866) 680-3106. Written requests should be addressed to:

averhealth
Attn: Privacy Officer
1700 Bayberry Ct, STE 105
Richmond, VA 23226

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer. All complaints must be submitted in writing to our Privacy Officer at the address above. **There will be no retaliation against you for filing a complaint.**

Effective Date: July 3, 2017