Notice of HIPAA 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 IT VERY CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to protect and maintain the privacy our patient’s identifiable health information. The standards are meant to improve the efficiency and effectiveness of the nation’s health care system. We are dedicated and committed to implementing appropriate administrative, technical, and physical safeguards to protect the privacy of Protected Health Information.

Protected health information is the information we create and obtain in providing our services to you. Such information may include documentation of your symptoms, test results, diagnoses, and treatment. It also includes billing documents related to those services.

We may use and disclose your Protected Health Information for treatment, payment, or healthcare operations purposes and for other purposes permitted by law.

For Treatment: We may use or disclose your Protected Health Information for treatment purposes. We may disclose your protected health information, including your diagnostic test results to doctors, affiliates, technologists, medical technicians, nurses, midwives, pharmacists or other health care physicians who are involved in your care. For example: A nurse may call from your physician’s office to obtain test results on your physician’s behalf. We will release the requested information to the nurse.

For Payment: We may use or disclose your Protected Health Information for health care operations. Your insurance health plan or other third party may request us to send them your Protected Health Information to process a claim for payment on services provided to you from AYUMETRIX LLC.

For Healthcare Operations: We may use or disclose your Protected Health Information to ensure you receive quality care. We may use your health information to review our treatment and services, evaluate performance and qualifications, conducting training programs, and other administrative tasks.

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and guidelines development, training programs, credentialing, medical review, legal services and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services. For example: we may use your health information in the course of evaluating our customer service. In addition, we may remove information that identifies you from your health information so this de-identified information can be used for research purposes.

As required by law, we may use or disclose your Protected Health Information to Health and Human Services upon request.

We may use or disclose your Protected Health Information to public health departments, such as the FDA for reporting communicable disease results as required by law.

We may use or disclose your Protected Health Information to prevent or lessen a threat to the health or safety of the public.
If you are involved in a lawsuit or dispute, we may use or disclose your health information when we are requested to do so by a court or an administrative order.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health & Human Services (HHS) as a condition of receiving services from the laboratory.

We may contact you as part of our marketing efforts as permitted by applicable law.

Your Rights Regarding Your Protected Health Information:

The health and billing records we maintain are the physical property of the laboratory. However, you have a right to:

- Receive a notice that explains how your health information may be used and shared.
- Decide if you want to give permission before your health information can be used or shared for certain purposes. However, we may not grant the request.
- Ask that incorrect or incomplete information be removed or changed in your health records.
- Ask that your information not be shared with certain people, groups or companies.
- Ask to be contacted at different places or in different ways, such as through your office or by mail.
- Ask to see and get a copy of your health information
- File complaints if you believe your health information was used or shared in such a way that is not allowed by law or you were not allowed to exercise your rights.
- If you have consent or an authorization on file with us, you have the right to revoke this consent or authorization at any time. This request must be provided to us in writing. We are unable to take back any disclosures that have already been processed.

HIPAA provides an exemption §164.524(1)(iii) in relation to CLIA (Clinical Laboratory Improvement Amendments) §42 CFR 493.3(a)(2) as described below: CLIA certified laboratories that are also covered entities are not required to provide individuals with a right of access to or a right to inspect and obtain copies of their private health information if the disclosure of the information to the individual would be prohibited by CLIA. CLIA requires laboratories to release test results only to “authorized persons” and, if applicable, the individual responsible for using the test results and the laboratory that initially requested the test. “Authorized person” means an individual authorized under State law to order tests or receive test results or both. When State Law is more restrictive than the Federal Law, we must comply with the State Law.

Our Responsibilities:

The laboratory is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.
We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of this Notice. You have the right to request a paper copy of this notice.

To Request Information or File a Complaint:

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact us via e-mail at info@ayumetrix.com or by phone at (503)344-1344. If you believe your privacy rights have been violated, you have the right to report a complaint to AYUMETRIX LLC or the US Department of Health and Human Services.

You will not be penalized or retaliated against for filing a complaint.