

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.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Opus Pathology is required by law to maintain the privacy and security of your protected health information (PHI) and to provide you with a notice of privacy practices regarding PHI (whether oral, written, or electronic format). This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice of Privacy Practices also describes your rights with respect to your PHI when in the hands of Opus Pathology and its business associates, which are vendors that may assist us in providing services to you. PHI is any information that identifies you or may be used to identify you (e.g., basic demographic information); that is created or received by a health care provider, health plan, employer or health care clearinghouse; and that relates to your past, present or future physical or mental health or condition and related health care services, or provision of or payment for health care.

We are required by law to abide by the terms of this Notice of Privacy Practices. We will not use or disclose your PHI without your prior written authorization, except as permitted or required by law and described in this Notice. Please note that if other federal, state, or local laws, rules or regulations restrict or limit the use and disclosure of your PHI in ways that are permitted under this Notice, Opus Pathology will only use or disclose your PHI in compliance with the stricter law, rule or regulation. We strongly urge you to read this Notice carefully and thoroughly so that you will understand both our commitment to protecting the privacy of you PHI and how you can participate in the protection of this information.

What PHI We Collect

We attempt to collect the minimal amount of information necessary for Opus Pathology to provide our services to you and to obtain payment for those services. This may include your name, address, telephone number, social security number, date of birth, medical history, diagnosis, treatment, provider identification, financial responsibility, health insurance coverage (including group numbers and member identification numbers), and payment information.

How We May Use and Disclose Protected Health Information About You WITHOUT YOUR CONSENT

With the exception of information that may qualify for special protection under state and/or federal law, the following categories describe different ways that we use and disclose your PHI.

Not every possible use or disclosure in a category is listed below. However, all of the ways in which we are permitted to use and disclose PHI will fall within one of the categories below. Also, Opus Pathology must limit its uses, disclosures, or requests for your PHI to the “minimum necessary” to accomplish the intended purpose of such use, disclosure, or request, except as permitted by law. Please note that, for purposes of this Notice, any references to “we” or “Opus Pathology” include all business associates we may engage.

Treatment: We may disclose your PHI for treatment purposes, including disclosure to physicians, nurses, and other healthcare professionals who provide you with health care services and/or are involved in the coordination of your care, including another testing laboratory if we are unable to perform the testing ourselves.

Payment: We may use and disclose your PHI to others for purposes of receiving payment for treatment and services that you receive. For example, we will submit a claim to you, your health care provider, or your health plan/insurer that includes information that identifies you and the type of services we performed for you.

Health Care Operations: Opus Pathology may use or disclose your PHI in order to support the health care operations of its business and monitor the quality of the care we provide. When we do this, we will make every effort to take out information that identifies who you are. For example, we may use information in your health record to train and educate, improve our care and services, conducting quality assessment and improvement evaluations, to follow laws and regulations, for credentialing, licensure, certification, and accreditation; business planning, development, management and general administration of the lab.

To Communicate with Individuals Involved in Your Care or Payment for Your Care: We may disclose to a family member, other relative, close personal friend or any other person you identify, PHI that is directly relevant to that person's involvement in your care or payment related to your care. We may disclose the relevant PHI to these persons if you do not object or we can reasonably infer from the circumstances that you do not object to the disclosure. If you are incapacitated, we can make the disclosure if, in the exercise of professional judgment, we believe the disclosure is in your best interests. To the extent permitted under federal and state law, we may disclose PHI of minors to their parents or legal guardians.

Business Associates: There are some services provided by Opus Pathology through contracts with business associates (e.g., billing services), and we may disclose your PHI to Opus Pathology's business associate so that they can perform the job we have asked them to do. To protect your information, however, we require the business associate to enter into a Business Associate Agreement, which specifies the ways in which the business associate may use and disclose your PHI and must appropriately safeguard your information.

Government Agencies: We may disclose to certain government agencies (e.g., FDA, CMS, OIG, CLIA accreditation organizations, etc.), or persons under the jurisdiction of such agencies, PHI relative to adverse events with respect to products and/or services we provide, or information to enable product recalls, repairs, or replacements.

Public Health: As permitted by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report the abuse or neglect of children, elders, dependent adults, or others; or to a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading the disease or condition.

Law Enforcement or as Otherwise Required by Law: We may disclose your PHI when required to do so by federal, state, or local law or for law enforcement purposes as permitted by law, such as in response to a valid subpoena or court order and to assist in locating suspects, fugitives or witnesses, or victims of crime.

Health Oversight Activities: We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities may include audits, investigations, and inspections necessary for licensure and for the government to monitor the health care system, government programs, and compliance with laws.

Judicial and Administrative Proceedings: We may disclose your PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made, either by the requesting party, or us to tell you about the request or to obtain an order protecting the information requested.

Research: Under certain circumstances, we may use and disclose your PHI for research purposes.

Coroners and Medical Examiners: We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose your PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Correctional Institution: If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.

To Avert a Serious Threat to Health or Safety: We may use and disclose your PHI, if in good faith, we believe the use or disclosure: (i) is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person, and is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or (ii) is necessary for law enforcement authorities to identify or apprehend an individual based on statements made by the individual admitting to participation

in a violent crime, or where the individual has escaped from a correctional institution or from lawful custody, or (iii) is necessary for national security, intelligence, or protective services activities.

Military and Veterans: If you are a member of the armed forces, we may use and disclose PHI about you for activities deemed necessary by appropriate military command authorities to assure the proper execution of a military mission. For the same reason, we may also release PHI about foreign military personnel to the appropriate foreign military authority.

Disaster Relief: In the event of a disaster, we may provide your PHI to disaster relief organizations.

National Security, Intelligence Activities, and Protective Services for the President and

Others: We may disclose PHI about you to authorized federal officials for the conduct of lawful intelligence, counterintelligence, protective services to the President, and other national security activities authorized by law. In the event of a sale or merger with another organization, your PHI will become the property of the new owner.

Use and Disclosure of PHI (WITH YOUR CONSENT)

Opus Pathology will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). Examples include any uses and disclosures of your PHI for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization. You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Your Rights Regarding Your Health Information/PHI

Obtain a Paper Copy of the Notice *upon request.* You may request a paper copy of Opus Pathology's current Notice at any time from the Opus Pathology Compliance department. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. All requests for a paper copy of the Notice must be submitted in writing or electronically to Opus Pathology at the contact information listed below.

Right To Access And Obtain A Copy Of PHI. You (or your designated representative) have the right to access and receive a copy of your PHI that may be used to make decisions about your care or payment for your care. If we maintain the information you have requested in an electronic format you may ask for it to be provided to you electronically, and also ask us to electronically send copies to another person. To exercise this right, you must contact Opus Pathology.

We may deny your request to inspect and copy if (a) the PHI being requested was compiled in reasonable anticipation of a civil, criminal or administrative action (e.g., lawsuits and similar proceedings); (b) the information was collected during the course of research, and to which you previously consented to non-access during the term of the research; (c) the information is contained in records that are subject to the provisions of the federal Privacy Act; or (d) the information was obtained from another person or entity (not a health care provider) under the promise of confidentiality, and allowing access would be reasonably likely to reveal the source of the information. If you are denied access to your PHI, you will receive a written denial and information regarding how your denial may be reviewed.

Request A Restriction on Certain Uses and Disclosures Of PHI. You have the right to request additional restrictions on how we use or disclose your PHI for treatment, payment, health care operations, and communications to those involved in your care. Unless otherwise instructed by federal or state law, we are not obligated to agree to any restriction you may request, except if (a) the use of disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and (b) the PHI pertains solely to health care item or service for which you (or person other than the health plan on your behalf) has paid Opus Pathology in full. If we agree to a restriction, we will abide by them, except in emergency situations when the disclosure is for purposes of treatment. All requests for restrictions on the use or disclosure of your PHI must be submitted in writing to Opus Pathology at the contact information listed below. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event we have terminated an agreed-to restriction, we will notify you of such termination.

Request an Amendment of PHI. You have a right to request that PHI that we maintain about you be amended or corrected. To request an amendment, you must send a written request to Opus Pathology at the contact information listed below. You must include a reason that supports your request. We may process your request in accordance with our policy, but original information will not be removed. In certain cases, we may deny your request for an amendment for various reasons, including if we did not create the information or if we believe the current information is accurate and complete. You will be notified in writing if your request is denied. If your request is denied, you have the right to submit a written statement disagreeing with the denial, which, at your request, may be appended or linked to the PHI in question. All requests for an amendment of your PHI must be submitted in writing to Opus Pathology.

Receive an Accounting of Disclosures of PHI. You have the right to receive an accounting of the disclosures Opus Pathology or its business associates have made of your PHI for most purposes other than treatment, payment, health care operations, and certain other limited

purposes. The right to receive an accounting of disclosures is subject to certain exceptions, restrictions, and limitations. To request an accounting, you must submit your request in writing to Opus Pathology's Compliance department. Your request must specify the time period for which you would like an accounting, but this time period may not be longer than six years prior to your request. We will provide an annual accounting without charge, but may charge a reasonable, cost-based fee for any subsequent accounting within the same twelve (12) month period.

Request Confidential Communications of PHI by Alternative Means or at Alternative

Locations. You have a right to request to receive communications of PHI by alternate means or at alternate locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of your PHI, you must submit a request in writing to Opus Pathology Compliance department. Your request must state how or where you would like to be contacted.

Right to Receive Notification in the Event of a Breach. You have a right to receive notification if there is a breach of your unsecured PHI, except in those instances where we determine that there is a low probability that the PHI has been compromised. After learning of such a breach, we must provide notice to you without unreasonable delay and in no event later than sixty (60) calendar days after Opus Pathology's discovery of the breach, unless a law enforcement official requires us to delay the breach notification.

Security of Your PHI

Access to PHI is restricted to only those employees, agents or contractors of Opus Pathology who require it to provide services to you or your healthcare provider(s) or obtain payment from those financially responsible for payment. Opus Pathology maintains physical, technical, and procedural safeguards protecting PHI against unauthorized use and disclosure. Opus Pathology Compliance department is responsible for overseeing the proper and effective implementation of all required rules and regulations, as well as policies and procedures concerning the use and disclosure of PHI, including ensuring proper educating/training, investigating all issues, complaints and concerns, audit and monitoring compliance by Opus Pathology and its employees, agents and contractors. Please note that any e-mail communication you initiate with Opus Pathology regarding your PHI is not secured in accordance with the HIPAA security standards. As a general rule, Opus Pathology will not communicate with you through e-mail unless the e-mail can be properly encrypted or with your permission/consent.

Complaints/Objections

To file a complaint, you must submit a written complaint to Opus Pathology Compliance department at the address listed below. Any submission must be marked "Confidential," and

should include your name, address, and telephone number where we can contact you (unless you choose to remain anonymous) and a brief description of your concern, issue, or complaint. Filing a complaint will not affect your rights to your personal data or services provided by Opus Pathology.

How to Contact Us

If you would like to exercise your rights or would like additional information about Opus Pathology privacy practices, you may contact:

Opus Pathology
Attn: Compliance Department
1602 Hatcher Lane
Columbia, TN 38401
931-490-1000