

## GENETIC ASSAYS, INC.

### Notice of Privacy Practices Statement

This Notice went into effect on April 14, 2003

Revised January 1, 2013

This Notice describes how medical information about you may be used and disclosed and how you can receive access to this information. Any references in this Notice to “we”, “our”, or “us” means Genetic Assays, Inc. (GA). You may obtain a copy of our current Notice at our website, [www.geneticassays.com](http://www.geneticassays.com). Please carefully read it in its entirety.

We are required by law to maintain the privacy of your medical information, called protected health information (PHI), and to give you this Notice which outlines our legal duties and how we handle your PHI. We are legally required to follow the privacy practices that are described in this Notice. This Notice applies to all PHI we maintain. Your doctor may have a different Notice regarding his or her use and disclosure of your PHI. GA is committed to maintaining your confidentiality, a commitment we take seriously.

The following sections explain how we may use or disclose your PHI. Some of the uses and disclosures may be limited or restricted by state laws or other legal requirements.

*For Treatment* - We may use or disclose your PHI to provide you with medical treatment and other services. We may disclose PHI about you to doctors, nurses, medical students, and others involved in your care. For example, we will allow your physician to have access to your laboratory results to assist in your treatment and care.

*For Payment* - We may use and disclose your PHI in order to get paid for the medical services provided to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your laboratory testing.

*For Healthcare Operations* - We may use and disclose your PHI for healthcare operations, which include patient and internal education, administration and other various activities necessary for us to provide laboratory testing for patients. We may disclose PHI to our business associates. We may disclose PHI to outside companies to support administrative functions, such as data analysis or accounting or legal services, but we will only do so if such outside companies have Privacy Practices in place or after they have signed an agreement stating that they will abide by our privacy policy.

*For Family and/or Others Involved In Your Care* - We may disclose your PHI, unless prohibited by applicable federal or state law, to a family member, another relative, a close personal friend, a person identified by you who is involved in your medical care, or someone who helps pay for your care. If you do not want us to disclose your PHI to family members or others involved in your care, please contact GA's Privacy Associate, as provided below.

*For Law Enforcement* - We may use or disclose PHI when required to do so by federal, state or local law. We may disclose PHI if asked to do so by a law enforcement official. For example, we may be required to release PHI in response to a search warrant, subpoena, or court order. We may also disclose PHI to assist law enforcement in locating a suspect, fugitive, material witness or missing person. We also may disclose PHI to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at GA.

*For Military, Veterans, National Security, and Other Government Purposes* - If you are a member of the armed forces, we may release your PHI as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your PHI to federal officials for intelligence and national security purposes, or for Presidential Protective Services.

*For Public Health and Safety* - We may disclose PHI to prevent or lessen a serious and/or imminent threat to an individual's or the public's health or safety.

*For Health Oversight Agencies* - We may disclose your PHI to a government agency that oversees GA or its personnel, such as the Clinical Laboratory Improvement Amendment (CLIA), the Food and Drug Administration (FDA), the Centers for Medicare and Medicaid Services (CMS), and others to ensure compliance with state and federal laws.

*For Research Purposes* - In certain circumstances, we may use or disclose PHI in order to conduct medical research. We will almost always ask for your specific permission if the researcher has access to your name or other information that reveals who you are.

*For Workers' Compensation* - We may disclose your PHI in order to comply with workers' compensation laws.

*For Coroners, Funeral Directors and Medical Examiners* - We may disclose PHI to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

*For Organ and Tissue Donation* - We may disclose your PHI to organizations that facilitate organ, eye, or tissue donation or transplantation.

*For Judicial and Administrative* - We may disclose PHI about you as required to comply with court orders, discovery requests or other legal processes in the course of a judicial or administrative proceeding.

*For Other Purposes* - 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 authorize us to use or disclose PHI, you may revoke that permission, in writing, at any time, except to the extent we have made disclosures based on your authorization.

## Your Individual Rights

*Right to request your protected health information:* In most cases, you have the right to look at or receive copies of your PHI. However, federal laboratory regulations and state law provide that GA cannot report test results directly to a patient. You must make the request for such PHI in writing to your healthcare provider who will then coordinate such disclosure with GA. Any PHI that we have will be forwarded to your healthcare provider upon receipt of your written request to do so, and your provider should then provide you the information.

To request the forwarding of your PHI to your healthcare provider, write to GA's Privacy Associate as set forth below. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request, but we will let you know about the fee in advance.

*Right to request amendment of protected health information you believe is erroneous or incomplete:* If you examine your PHI and believe that some of the information is wrong or incomplete, you may ask us to amend your record. We will comply with your request unless we are not the originator of the information, or we believe that the information you request to be amended is accurate and complete, or special circumstances apply. To ask us to amend your PHI, write to GA's Privacy Associate as set forth below.

*Right to receive an accounting of disclosures of your PHI:* You have the right to request a list of certain disclosures we make of your PHI. If you would like to receive such a list, write to GA's Privacy Associate as provided below. Your request must state a time period desired for the accounting, which must be within six years prior to the date of your request and may not include dates before April 14, 2003. We will provide the first list to you free of charge, but we may charge you for any additional lists you request during the same 12-month period. We will tell you in advance what this list will cost, at which time you may withdraw or modify your request.

*Right to request restrictions on how GA will use or disclose your PHI for treatment, payment, or healthcare operations:* You have the right to request that we not make uses or disclosures of your PHI to treat you, to seek payment for care, or to operate our laboratories. We will consider your requests carefully, but we are not required to agree to your requested restriction. If you want to request a restriction, submit your request in writing to GA's Privacy Associate and describe your request in detail. GA's Privacy Associate will reply within 30 days of receiving your request.

*Right to request special communications:* You have the right to ask us to communicate your PHI by alternative means of communication or at alternative locations. For example, you can ask us not to call your home but to communicate with you only by mail. To make such a request, write to GA's Privacy Associate.

*Right to receive a paper copy of this Notice:* You have a right to a paper copy of this Notice at any time. You may obtain a copy of our current Notice at our website, [www.geneticassays.com](http://www.geneticassays.com).

GA also complies with state laws which govern the use and disclosure of your PHI. In cases in which a state law is more restrictive than federal law, we follow the more restrictive state law. For example, some states require physician authorization to release test results to patients.

We reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice.

To exercise any of your rights discussed above, please submit a request in writing to the Privacy Associate at the address below. If you think that we may have violated your privacy rights, or you disagree with a decision that we made about access to your PHI, you may file a written complaint with the Privacy Associate:

Cathy Watts - Privacy Associate

Genetic Assays, Inc.

4711 Trousdale Drive, Suite 209

Nashville, TN 37220

Phone: 615-781-0709

e-mail: [cathyw@geneticassays.com](mailto:cathyw@geneticassays.com)

You may also file a written complaint with the Secretary of the Department of Health and Human Services:

Secretary - Department of HHS

200 Independence Avenue, S.W.

Washington, D.C. 20201

Toll Free: (877) 696-6775

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>