

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.

CENTER FOR DISEASE DETECTION NOTICE OF PRIVACY PRACTICES

1. About this Notice.

This Notice of Privacy Practices (“**Notice**”) applies to all protected health information used, maintained, or disclosed by the Center for Disease Detection. This notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

2. Whom to Contact with questions.

If you have any questions about this Notice please contact:

David M. Pryor, III MBA, CCP

Privacy Officer

Center for Disease Detection

11603 Crosswinds Way, Suite 100 San Antonio, TX 78233

Telephone: (888) 858-8663 ext.206

3. Center for Disease Detection’s (“**CDD**”) Obligation to the Community.

CDD is committed to protecting the privacy of the patients we serve and we are therefore committed to safeguarding patients’ protected health information. Your physician or health care provider (such as your clinic) may share your protected health information with CDD to provide you with quality care and to comply with certain legal requirements. CDD and its employees strive to limit the use and disclosure of your protected health information to the minimum necessary.

Our Legal Duty:

CDD is required by the Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”) to maintain the privacy of any individually identifiable health information (protected health information that identifies you), provide this Notice about our privacy practices, accommodate reasonable requests made by clients for forwarding patient results to their health care provider, notify clients if we are unable to agree to a requested restriction, and abide by the terms of this Notice. We may change the terms of our Notice, at any time. The new Notice will be effective for all protected health information that we maintain at that time. We will provide you with any revised Notice upon your request.

CDD will not use or disclose any patient information except for the sole purposes outlined in this Notice.

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4. How We May Use and Disclose Your Protected Health Information.

Your protected health information may be used or disclosed for treatment, payment, or health care operations. Your protected health information may also be used or disclosed as required or allowed by law. These permitted uses and disclosures are described below in more detail.

A. Uses and Disclosures for Treatment, Payment, and Health Care Operations.

(1) Treatment.

As part of the diagnostic testing process, CDD may use and disclose your protected health information to provide, coordinate, or manage your health care and related services. We will disclose your protected health information (such as your laboratory test results) to physicians, nurses, or other health care professionals who may be treating you.

(2) Payment.

CDD may use and disclose your protected health information, as needed, for payment purposes. Payment activities may include those that your health insurance plan may undertake before it approves or pays for the health care services provided by CDD (such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities).

(3) Health Care Operations.

CDD may use or disclose your protected health information for health care operations purposes, including but not limited to quality control and quality assurance activities, accreditation activities, internal training (such as new employee orientation and/or competency assessment) activities, management activities (such as development of reference ranges), and business planning or administration activities.

B. Required By Law.

CDD may use or disclose your protected health information as required by law (statute, regulation, or court order). The use or disclosure will be made in compliance with the law and will be limited to the requirements of the law.

C. Public Health Activities.

CDD may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. CDD may disclose your protected health information for public health activities, including disclosure to an authorized public health authority that is permitted by law to collect or receive the information (such as required notification of communicable diseases), the U.S. Food and Drug Administration (regarding regulated products), or employers (regarding information concerning work-related medical surveillance) to comply with Occupational Safety and Health Administration requirements. Your protected health information may also be disclosed to individuals who may have contracted or been exposed to a communicable disease, when notification is authorized by law.

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D. Victims of Abuse, Neglect, or Domestic Violence.

In some instances, CDD may disclose protected health information to appropriate government authorities regarding abuse, neglect, or domestic violence.

E. Health Oversight Activities.

CDD may disclose protected health information to a health oversight agency for activities authorized by law, such as audits and investigations of the health care system.

F. Judicial and Administrative (Legal) Proceedings.

CDD may disclose protected health information in the course of judicial or administrative proceedings, if the request for information is in response to an order of a court or administrative tribunal, or in response to a subpoena or other lawful purposes.

G. Law Enforcement.

CDD may disclose protected health information for law enforcement purposes when (1) required by legal processes (such as court orders, warrants, subpoenas, and administrative requests), (2) required to identify or locate a material witness or missing person, (3) in response to law enforcement official's request pertaining to victims or suspected victims of a crime, (4) required to alert law enforcement of suspicion that death has occurred as a result of criminal conduct, (5) the protected health information is evidence of a crime occurring on CDD's premises, or (6) in the event of a medical emergency (not occurring on CDD's premises) and it is likely that a crime has occurred.

H. Deceased Persons and Organ/Tissue Donation.

CDD may disclose protected health information to funeral directors, as needed and to a coroner or medical examiner to identify a deceased person, determine cause of death, or for other functions authorized by law. CDD may also disclose protected health information to facilitate donation and transplantation of cadaveric organs, eyes or tissue.

I. Research.

CDD may disclose your protected health information to researchers if (1) the researcher has obtained approval documentation (waiver or alteration of individual's authorization) from an appropriate Institutional Review Board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information, (2) the researcher has represented that the protected health information will be used solely to prepare a research protocol or for other similar preparatory to research activities, or (3) the researcher is seeking solely information on decedents.

J. Serious Threat to Health or Safety.

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CDD may disclose protected health information if we believe in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

K. Essential Government Functions.

CDD may use or disclose protected health information to assure proper execution of a military mission, assist in conduct of intelligence and national security activities, provide protective services to the President of the United States, make medical determinations for U.S. State Department employees, protect the health and safety of inmates or employees of a correctional facility, or determine eligibility of enrollment in government benefit programs.

L. Workers' Compensation.

CDD may disclose your protected health information as authorized to comply with workers' compensation laws and other similar programs.

M. Other Disclosures.

Federal law makes provisions or exceptions for health information to be released to an appropriate health oversight agency, public health authority or court appointed attorney, provided that a work force member or business associate believes in good faith that CDD has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by CDD potentially endangers one or more patients, workers, or the public.

5. Other Uses and Disclosures of Your Protected Health Information.

Any other use and/or disclosure of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. If you sign an authorization form, you may revoke your authorization in writing at any time. If you revoke your authorization, CDD will no longer use or disclose your protected health information for the reasons covered by your written authorization. However, CDD is unable to take back any disclosures already made with your authorization.

6. Your Privacy Rights.

A. Right to Receive Notice of Privacy Practices.

You have the right to receive a paper copy of CDD's "Notice of Privacy Practices. You can Request a copy by contacting our Privacy Officer at the address above in "Whom to Contact with Questions."

B. Right to Inspect and Receive Copies of Your Protected Health Information.

You have the right to review and receive copies of your protected health information that may be used for treatment or payment purposes; however, CDD will deny access to your protected health information, where federal or state law prohibits patient access.

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You may not inspect or copy laboratory results that are subject to law that prohibits access to protected health information. In compliance with HIPAA regulations and other federal law, CDD releases protected health information to the submitting clinic or organization only.

Any requests to review or receive copies of your of protected health information must be submitted in writing (signed and dated), addressed to our Privacy Officer at the address above in “Whom to Contact with Questions.”

In some circumstances, you may have a right to have a decision to deny access to your protected health information reviewed. Contact us, as indicated above, if you have questions about access to your protected health information.

C. Right to Receive an Accounting of Disclosures.

You have the right to request an accounting of disclosures that were made for purposes other than treatment, payment, or health care operations.

The right to receive the accounting of disclosures is restricted and includes the following limitations:

- The accounting of disclosures will only go back six years (or no later than April 14, 2003, whichever is sooner).
- The accounting of disclosures will not include disclosures we may have made to you if you authorized us to make the disclosure.
- The accounting of disclosures will not include disclosures made for purposes of national security or intelligence or to law enforcement or correctional facilities, as part of a limited data set disclosure.

Any requests for accounting of disclosures of protected health information must be submitted in writing (signed and dated), addressed to our Privacy Officer at the address above in “Whom to Contact with Questions.”

D. Right to Amend your Protected Health Information.

You have the right to request amendment of your protected health information (as maintained in a designated record set) as long as CDD maintains this information. This right does not permit you to alter or change the original record created by your health care provider or his/her staff. CDD may deny your request for an amendment.

If your request for amendment (or correction) is denied, you have the right to submit a written statement of disagreement to CDD. CDD may reasonably limit the length of your written statement. CDD may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Requests for amendment of protected health information must be submitted using the Laboratory Request Amendment/Correction Form. Any questions regarding the amendment process should be submitted to the Privacy Officer at the address above in “Whom to Contact with Questions.”

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E. Right to Restriction of your Protected Health Information.

You have the right to ask CDD not to use or disclose your protected health information for the purposes of treatment, payment, or health care operations. You also have the right to request non-disclosure of any part of your protected health information to friends, acquaintances, or family members involved in your care.

Any requests for restriction of protected health information must be submitted in writing (signed and dated), addressed to our Privacy Officer at the address above in “Whom to Contact with Questions.”

CDD takes our commitment to privacy seriously and we will consider your request, however, we are not required to agree to your request. If CDD does agree to your request, we may not use or disclose the protected health information that is restricted unless it is needed to provide emergency treatment and certain other disclosures required by law.

CDD may not refuse your request not to use or disclose your protected health information where the disclosure is to a health plan for purposes of carrying out payment or health care operations and is not for purposes of carrying out treatment to the extent that the protected health information pertains solely to a health care item or service for which we were paid out of pocket in full.

F. Right to Confidential Communications.

You have the right to ask CDD to send your protected health information to an alternate address or by alternate means. CDD will accommodate reasonable requests that are allowable by federal and state law. CDD is not required to agree to your request.

7. Complaints.

If you believe that your privacy rights have been violated, you may submit a written complaint to CDD’s Privacy Officer at the address above in “Whom to Contact with Questions.” You may also file a complaint with the Secretary of the Department of Health and Human Services (“**DHHS**”) at the regional office address below based on the region where the alleged violation took place. CDD will not retaliate against you for filing a complaint.

DHHS Regional Offices:

Region I - Boston (CT, ME, MA, NH, RI, VT)
Peter Chan, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
Government Center
J.F. Kennedy Federal Building - Room 1875
Boston, MA 02203
Voice phone(617)565-1340
FAX (617)565-3809
TDD (617)565-1343

Region II - New York (NJ, NY, PR, VI)
Linda Colon, Acting Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza - Suite 3312
New York, NY 10278
Voice Phone (212)264-3313
FAX (212)264-3039
TDD (212)264-2355

Region III - Philadelphia (DE, EC, MD, PA, VA, WV)
Marlene Rey, Acting Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111
Main Line (215)861-4441
Hotline (800) 368-1019
FAX (215)861-4431
TDD (215)861-4440

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Region IV - Atlanta (AL, FL, GA, KY, MS, NC, SC, TN)
Roosevelt Freeman, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Voice Phone (404)562-7453
FAX (404)562-7881
TDD (404)562-7884

Region V - Chicago (IL, IN, MI, NM, OH, WI)
Celeste Davis, Acting Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone (312)886-2359
FAX (312)886-1807
TDD (312)353-5693

Region VI - Dallas (AR, LA, NM, OK, TX)
Ralph Rouse, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
Voice Phone (214)767-4056
FAX (214)767-0432
TDD (214)767-8940

Region VII - Kansas City (IA, KS, MO, NE)
Frank Campbell, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
601 East 12th Street - Room 353
Kansas City, MO 64106
Voice Phone (816)426-7277
FAX (816)426-3686
TDD (816)426-7065

Region VIII - Denver (CO, MT, ND, SD, UT, WY)
Velveta Howell, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
999 18th Street, Suite 417
Denver, CO 80202
Voice Phone (303)844-2024
FAX (303)844-2025
TDD (303)844-3439

Region IX - San Francisco (AZ, CA, HI, NV, AS, GU)
Michael Kruley, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Voice Phone (415)437-8310
FAX (415)437-8329
TDD (415)437-8311

Region X - Seattle (AK, ID, OR, WA)
Linda Yuu Connor, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue - M/S: RX-11
Seattle, WA 98121-1831
Voice Phone (206)615-2290
FAX (206)615-2297
TDD (206)615-2296

8. Change in Privacy Practices.

CDD reserves the right to change our methods and to make any new provisions effective for all protected health information we maintain. Should new privacy practices become necessary, CDD's staff will contact each client facility with the revision notification.

If CDD's operational methods change and direct contact with patients become a part of our day to day operations, we will change our policies. Before we make a significant change in our methods and policies, we will change our privacy notice and contact all parties involved.

9. Effective Date.

This notice is effective as of 30 November 2018