



HIPAA 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 IT CAREFULLY.

FlexHealth and its employees are dedicated to maintaining the privacy of your Protected Health Information (“PHI”), which is information that identifies you and relates to your physical or mental health condition. Applicable federal and state laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning PHI. We are required to follow the privacy practices described below while this Notice is in effect.

A. **Permitted Uses and Disclosures of PHI.** We may use or disclose your PHI for the following reasons:

1. **Treatment.** We may disclose your PHI to a physician or other health care provider providing treatment to you. For example, we may use your Protected Health Information to perform our testing services and disclose your genetic testing results to your physician or with personnel who are involved with the administration of your care.
2. **Payment.** We may disclose your PHI to bill and collect payment for the services we provide to you. For example, we may send a bill to you or to a third-party payor for the rendering of services by us. The bill may contain information that identifies you, your diagnosis, procedure(s) and supply(ies) used. We may also disclose PHI to insurance companies to establish insurance eligibility benefits for you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.
3. **Health Care Operations.** We may disclose your PHI in connection with our health care operations. Health care operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, training health care and non-health care professionals, and other business operations. For example, we may use your Protected Health Information to monitor the quality of our testing services, make sure our testing systems are up-to-date, and review the competence and qualifications of our laboratory professionals. We may also provide your PHI to accountants, attorneys, consultants, and others to make sure we comply with the laws that govern us.
4. **Emergency Treatment.** We may disclose your PHI if you require emergency treatment or are unable to communicate with us.
5. **Personal Representatives.** We may disclose your PHI to a person legally authorized to act on your behalf, such as a parent, legal guardian, administrator, or executor of your estate, or other individual authorized under applicable law.
6. **Family and Friends.** We may disclose your PHI to a family member, friend or any other person as directed by you or who you identify as being involved with your care or payment for care, unless you object.
7. **Required by Law.** We may disclose your PHI for law enforcement purposes and as required by state or federal law. For example, the law may require us to report instances of abuse, neglect, or domestic violence; to report certain injuries such as gunshot wounds; or to disclose PHI to assist law enforcement in locating a suspect, fugitive, material witness or missing person. We will inform you and/or your representative if we disclose your PHI because we believe you are a victim of abuse, neglect, or domestic violence, unless we determine that informing you and/or your representative would place you at risk. In addition, we must provide PHI to comply with an order in a legal or administrative proceeding. Finally, we may be required to provide PHI in response to a lawsuit or dispute, court order, administrative order, subpoena, or other lawful process, but only if efforts have been made, by us or the requesting party, to contact you about the request (which may include written notice) or to obtain an order to protect the requested PHI.
8. **Serious Threat to Health or Safety.** We may disclose your PHI if we believe it is necessary to avoid a serious threat to the health and safety of you or the public.



9. **Public Health.** We may disclose your PHI to public health or other authorities charged with preventing or controlling disease, injury, or disability, or charged with collecting public health data.
10. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include audits; civil, administrative, or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities necessary for oversight of the health care system, government programs and compliance with civil rights laws. For example, we may share your Protected Health Information with agencies responsible for ensuring compliance with Medicare or Medicaid program rules.
11. **To contact you about FlexHealth products and services.** We may use and share your Protected Health Information to contact you about other FlexHealth products and services which we believe may be of interest to you.
12. **Research.** We may disclose your PHI for certain research purposes, but only if we have protections and protocols in place to ensure the privacy of your PHI.
13. **Business Associates.** We may share your Protected Health Information with our “business associates,” which are companies or individuals that provide services to us. For example, we may use a company to perform billing services for us. Our business associates are required to protect the privacy and security of your Protected Health Information.
14. **To Create De-Identified Information and Limited Data Sets.** We may use Protected Health Information to create de-identified health information and limited data sets. Deidentified health information is health information that cannot reasonably be used to identify you. Once health information has been appropriately de-identified under HIPAA (Health Insurance Portability and Accountability) and other applicable law, we may use and share the de-identified health information for any purpose, such as to help advance medical care and the clinical practice of genetics. Limited data sets are Protected Health Information that do not include certain direct identifiers about you, such as your name or phone number. We may use and share limited data sets for purposes of research, health care operations, or public health activities as described in this Notice after entering into a HIPAA-compliant agreement with the recipient.
15. **Specialized Government Activities.** If you are an active military or a veteran, we may disclose your PHI as required by military command authorities. We may also be required to disclose PHI to authorized federal officials for the conduct of intelligence or other national security activities.
16. **Direct Contact with You.** We may use your PHI to contact you to remind you that you have an appointment, or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

B. Disclosures Requiring Written Authorization.

1. **Otherwise Not Permitted.** In any other situation not described in Section A above, we may not disclose your PHI without your written authorization.
2. **Marketing and Sale of PHI.** We must receive your written authorization for any disclosure of PHI for marketing purposes or for any disclosure which is a sale of PHI.

Disclaimer: FlexHealth has attempted to explain with this notice the circumstances where state law may be more protective than the federal privacy rule and provides greater privacy protection. Except for situations listed above and treatment, payment or health care operation purposes, the use or disclosure of your health information requires FlexHealth to obtain your written authorization. You may withdraw your authorization in writing by submitting your written withdrawal to FlexHealth’s Privacy Officer at the address listed at the end of this Notice.

C. Your Rights.

1. **Right to Receive Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice upon request.
2. **Right to Access PHI.** You have the right to inspect and copy your PHI for as long as we maintain your medical record. You must make a written request for access to the Privacy Officer at the address listed at the end of this Notice. We may charge you a reasonable fee for the processing of your request and the copying of your medical record pursuant to state law. In certain circumstances, we may deny your request to access your PHI, and you may request



that we reconsider our denial. Depending on the reason for the denial, another licensed health care professional chosen by us may review your request and the denial.

3. **Right to Request Restrictions.** You have the right to request a restriction on the use or disclosure of your PHI for the purpose of treatment, payment, or health care operations, except for in the case of an emergency. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of your care. However, we are not legally required to agree to such a restriction.
4. **Right to Restrict Disclosure for Services Paid by You in Full.** You have the right to restrict the disclosure of your PHI to a health plan if the PHI pertains to health care services for which you paid in full directly to us.
5. **Right to Request Amendment.** You have the right to request that we amend your PHI if you believe it is incorrect or incomplete, for as long as we maintain your medical record. We may deny your request to amend if (a) we did not create the PHI, (b) is not information that we maintain, (c) is not information that you are permitted to inspect or copy (such as psychotherapy notes), or (d) we determine that the PHI is accurate and complete.
6. **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of PHI made by us (other than those made for treatment, payment, or health care operations purposes) during the six (6) years prior to the date of your request. You must make a written request for an accounting of disclosures, specifying the time period for the accounting, to the Privacy Officer at the address listed at the end of this Notice.
7. **Right to Confidential Communications.** You have the right to request that we communicate with you about your PHI by certain means or at certain locations. For example, you may specify that we call you only at your home phone number, and not at your work number. You must make a written request, specifying how and where we may contact you, to the Privacy Officer at the address listed at the end of this Notice.
8. **Right to Notice of Breach.** You have the right to be notified if we or one of our business associates becomes aware of a breach of your unsecured PHI.

D. **Changes to this Notice.**

We reserve the right to change this Notice at any time in accordance with applicable law. If we change this Notice, we may apply its updated terms to all Protected Health Information we maintain, including any Protected Health Information we received or created before we issued the updated Notice. We will promptly post any changes to this Notice on our website at www.goflexhealth.com. Please review this website periodically to ensure that you are aware of any updates.

E. **Acknowledgment of Receipt of Notice.**

We will ask you to sign an acknowledgment that you received this Notice.

F. **Questions and Complaints.**

If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to your PHI, you may complain to us and to the U.S. Department of Health and Human Services Office for Civil Rights ("OCR") if you believe your privacy rights have been violated by our office. We will not retaliate in any way if you choose to file a complaint with us or with the OCR. Please direct any of your questions or complaints to the FlexHealth Privacy Officer:

Daniel Robert
FlexHealth
Security Officer
1275 Kinnear Road
Columbus, Ohio 43212
614-453-1310



Complaints to the OCR may be made electronically via the OCR Complaint Portal; using the OCR Complaint Form by mail, fax, or e-mail; or by phone, using the following contact information:

U.S. Department of Health and Human Services
Office for Civil Rights
Centralized Case Management
Operations 200 Independence Avenue,
S.W. Room 515F HHH Bldg.
Washington, D.C. 20201

Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Complaint Form:
<https://www.hhs.gov/sites/default/files/hip-complaint-form-0945-0002exp-04302019.pdf>
Email: OCRComplaint@hhs.gov
Voice Phone (800) 368-1019
FAX (202) 619-3818
TDD (800) 537-7697

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