

Medical Genetic Consultants, Inc.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY MEDICAL GENETIC CONSULTANTS, INC., AND HOW YOU CAN ACCESS THIS INFORMATION.

Medical Genetic Consultants, Inc. is committed to maintaining the privacy of your protected health information (PHI) that is provided to us. This document specifies our privacy practices, including how we use and/or disclose your PHI in compliance with the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Standards"). As a covered entity, we are required to protect and maintain the privacy of all of your health information, to provide our Notice of Privacy Practices regarding PHI upon request, and to abide by the terms of this Notice.

Your Personal Protected Health Information

In order to provide you with laboratory services, we receive your health information from your healthcare provider or another laboratory that asked us to test your sample. The HIPAA Privacy Standards require us to protect any of this health information that will identify you, such as your name, social security number, telephone number, address, etc. We protect this information regardless of the form (oral, written, electronic, etc.) in which we receive it.

Allowable Uses or Disclosures of Your Personal Protected Health Information

The HIPAA Privacy Standards allow healthcare entities to receive and disclose your information without obtaining your authorization, for treatment, payment, and healthcare operations purposes. Each of these purposes is explained below.

- **Treatment:** When we receive a requisition for laboratory services requested by your healthcare provider or a referring laboratory, it contains your name, age, and other identifiable information. The disclosure of this information to us is considered treatment, as is our disclosure of the laboratory results to the referring laboratory or your healthcare provider.
- **Payment:** We may legitimately use and disclose your health information for payment purposes, for example, sending your information to a billing service to file claims for us with health plans, or charging your credit card with your authorization.
- **Healthcare Operations:** We may disclose your information as part of our internal operations to maintain the high quality of our laboratory services. We may use or disclose protected health information, for instance, to assure quality, accreditation and certification, licensing, or credentialing activities.

Legitimate Use and Disclosure When Required by Law

The HIPAA Privacy Standards specify certain other circumstances where we may legally use or disclose protected health information without your authorization; these situations generally are for public health and safety, legal, and judicial purposes.

- **Public health:** As required by law, we may disclose your health information to public health or legal authorities and other entities charged with preventing or controlling disease, injury, or disability. We may also disclose health information for health oversight activities.
- **Research:** We may disclose information to researchers when an institution's review board (a committee that reviews the ethics of research projects) has reviewed the proposed study, established protocols to ensure the privacy of the health information used in their research, and determined that the researcher does not need to obtain your authorization prior to using your PHI for research purposes. We may also disclose information about descendants to researchers under certain circumstances.
- **Organ procurement organizations:** We may disclose health information consistent with applicable law to organ procurement organizations or other entities for the purposes of tissue donation and transplant.
- **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to product defects.
- **Workers compensation:** We may disclose health information to the extent authorized by, and necessary to comply with, laws relating to workers compensation or other similar programs established by law.
- **Correctional institution:** If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for the health and safety of other individuals.
- **Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. We may also disclose health information to appropriate agencies if we believe there is the possibility of abuse, neglect, or domestic violence.
- **Judicial proceedings:** We may disclose health information to courts or administrative agencies in response to a court order, or a discovery request.

In All Other Situations, We Use and Disclose Your PHI only with Your Written Authorization

Except as otherwise permitted or required, we do not use or disclose your personal protected health information without your written authorization, and then only in a manner consistent with the terms of that authorization. You may revoke the authorization to use or disclose any PHI at any time, by writing to the contact person listed in this Notice, unless we have already acted under that authorization.

Your Rights With Respect to Your Personal Protected Health Information

Under the HIPAA Privacy Standards, you have certain rights with respect to your PHI. As a clinical laboratory, Medical Genetic Consultants, Inc., does not, as a matter of practice, deal directly with patients. Our contact for health information usually is your healthcare provider or another clinical laboratory. To the extent possible and appropriate, you should contact your healthcare provider to exercise the rights listed in this Notice. We will try to accommodate requests from our healthcare provider clients, if legally permissible and clinically appropriate to respond to your exercise of these rights, which include:

- **Right To Inspect and Copy PHI:** You have the right to request a copy your personal information as we have received it. In Mississippi, medical records are the property of the entity that produced them. However, patients have a right to inspect and obtain a copy of their medical records, which must be provided within a reasonable amount of time. We may impose a reasonable, cost-based fee for the cost of copying, postage, and preparing an explanation or summary of your records.
- **Right To Receive PHI via Confidential Communications:** You may request an alternative means or location for receiving communications of protected health information by means other than those that we (or your healthcare provider) typically employs. For example, you may request that we (or your healthcare provider) communicate with you through a designated address or phone number.
- **Right To Receive this Notice of Privacy Practices:** You can request and receive a free copy of this Notice of Privacy Practices in printed or electronic form by writing or calling the contact person listed in this Notice.
- **Right To Request Restrictions On Use Or Disclosure:** You can request restrictions on certain uses and disclosures of their personal health information; we are not required to agree with the request. If we do agree, we will not violate that restriction except in certain emergency situations.
- **Right To Amend PHI:** You can request that we amend your personal health information or your clinical record. The HIPAA Privacy Standards provide that we can deny the request for amendment under certain specified circumstances. If we do deny your request to amend, we will explain why to you, and explain your rights to seek review of that decision, if required under the HIPAA Privacy Standards.
- **Right To Receive An Accounting Of Disclosures of PHI:** You can get a written accounting of all of our disclosures of your personal health information not directly related to treatment, payment, healthcare operations, or disclosed based on a signed authorization or for other legitimate purposes as stated above.
- **Right to Complain:** We are committed to complying with the privacy practices described in this Notice of Privacy Practices. If you believe that we have violated any of them, you may file a complaint with us and/or with the Department of Health and Human Services, Office of Civil Rights. To file a complaint with us, please send a letter to the contact person listed in this Notice. Medical Genetic Consultants, Inc., will not retaliate in any way if you file a complaint with the Office of Civil Rights or with us.

Amendments to this Privacy Practices

We can revise or amend this Notice of Privacy Practices at any time and make the revisions effective for all personal information we receive and maintain, including any we created or received before the effective date of the revision or amendment. We will post the most recent version of this Notice on our website, at <http://www.1800dnagene.com>.

Contacting Us Regarding our Privacy Practices

If you have any questions about our privacy practices or your personal protected health information, please contact us.

Send questions, requests, or complaints to:

Dr. Wes Burkhardt
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819 DeSoto St.
Ocean Springs, MS, 39564
Phone: 1-800-DNA-GENE