



NOTICE OF PRIVACY PRACTICES

Effective June 1, 2014

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.

If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officer at (770) 777-1868. Our facility uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of our facility.

How We May Use or Disclose Your Health Information

For Treatment. We may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, therapist, nurse, or other person providing health services to you, will record information in your record related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions take by them in the course of your treatment and note how you respond.

For Payment. We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

Appointments. We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents. Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Required by law. We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties;

Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions. Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Other uses. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent our facility has taken action in reliance on such.

Your Rights and How To Exercise Your Rights

You have the right to request us to restrict disclosure of your health information to a health plan (insurance company) for payment or health care operations so as to not disclose a health care item or service for which you have paid out of pocket in full. We must and will honor such written requests when signed by you, dated and delivered to our Privacy Official at the address below.

You have the right to request to inspect and receive a copy of your health information to be provided to you or a recipient you designate. Your request must be in writing, signed and dated, delivered to Complete Health's Privacy Official at the address



designated below and must clearly designate the name and address of the recipient. If Complete Health maintains your health information in electronic format you may request an electronic copy of your health information in an electronic format you designate. If the format is not readily producible by Complete Health then Complete Health must produce your health information in a readable electronic format that Complete Health and you agree is acceptable. We may charge you a fee for providing you a copy of your health information. In most instances we must produce your copy of your health information within 30 days of receipt of your request. However, when your health information is stored off-site the time for us to produce your copy may be delayed up to 60 days. We must notify you when there will be a delay.

You have the right to request restrictions on certain uses and disclosures of your health information regarding your treatment, payment for services and health care operations. You may exercise that right by providing your request in writing delivered to Complete Health's Privacy Official at the address designated below including your signature and the date of your signature. In many circumstances we are not required to agree to your request.

You have the right to request, and we must accommodate reasonable requests, from you that you receive communications of your health information from us by alternative means or at alternative locations. Again, your request must be in writing delivered to Complete Health's Privacy Official at the address designated below including your signature and the date of your signature.

You have the right to request that we amend your health information. You may exercise this right through a written request delivered to Complete Health's Privacy Official at the address designated below specifically stating the requested amendment and the reason for the amendment which request must include your signature and the date of your signature. In certain circumstances we may deny your request.

You have a right to request and obtain from us an accounting of disclosures of your health information made by us in the six (6) years preceding the date of your request. You may exercise this right

through a written request delivered to Complete Health's Privacy Official at the address designated below signed and dated by you. We are not allowed or required to account to you for certain types of disclosures of your health information and, in certain circumstances, we are not allowed to or we may refuse to account to you for certain disclosures of your health information.

You have a right to obtain a paper copy of this Notice. Your request for a paper copy should be made to the receptionist at Complete Health's office at which you visit your physician.

We will notify you in the event of unauthorized use or disclosure of your health information unless we demonstrate a low probability that your health information unless we demonstrate a low probability that your health information has been compromised.

If you believe your privacy rights have been violated you may file a complaint with Complete Health. You may file a complaint by sending a written statement explaining your complaint to Complete Health's Privacy Official at the address designated below. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. If requested in writing Complete Health's Privacy Official will provide you the address. Complete Health will not retaliate against you for filing a complaint.

A copy of Complete Health's current Privacy Practice Notice will be displayed in the waiting area of Complete Health and on Complete Health's web site. Complete Health will provide you a written copy of its current Notice of Privacy Practices upon receipt from you of a written request signed by you.

Any request, notice or complaint regarding your health information that is to be delivered to Complete Health's office should be addressed to Complete Health's Privacy Official at the following address:

Complete Health Diagnostics, Inc.
Attn: Privacy Official
4550 North Point Pkwy, Suite 220
Alpharetta, GA 30022