



Notice of Privacy Practices

Overview

This Notice of Privacy Practices is provided to you by Solstas Lab Partners. It describes how our laboratories may use or disclose protected health information that you or your healthcare professional may provide to us about you.

Protected health information is any health information that can directly or indirectly identify you, such as your name, date of birth, medical history, laboratory test results, or payments for our laboratory services.

Please read this Notice carefully. If you have any questions about it, or about our privacy practices overall, we kindly invite you to contact us using the contact information supplied at the end of this Notice.

Scope of this Notice

This Notice applies to all laboratories that are part of Solstas Lab Partners.

How We Protect Your Privacy

This Notice summarizes how Solstas may use and disclose your protected health information for:

- Treatment
- Payment
- Health care operations, and
- Other uses and disclosures of your PHI that are allowed or required by law, or authorized by you

How We Use and Disclose Your Protected Health Information

As provided by law, Solstas may use or disclose your protected health information in the following ways:

- **Treatment**

Solstas may use or disclose your protected health information to perform laboratory services ordered by your healthcare professional, including providing the results of those tests. *(Please note that under certain federal and state laws that apply to laboratories such as Solstas, we are not always permitted to provide the results of your tests to you directly, but may only provide them to your doctor.)*

- **Payment**

Solstas may use or disclose your protected health information as needed to obtain payment for your laboratory services. For example, your information may also be shared with your health plan or other person or entity responsible for payment of your bill, as well as with third parties retained by Solstas for purposes of assisting us with our billing and collections.

- **Healthcare Operations**

Solstas may use or disclose your protected health information for various administrative and compliance purposes that fall under the category of “healthcare operations” in applicable state and federal healthcare laws. This includes, for example, internal audits or reviews to ensure that we are providing optimal quality and care to our laboratory patients.

- **Disclosures to Our Business Partners**

Solstas sometimes partners with third party service providers (called “business associates” in the privacy laws) to handle certain tasks on our behalf. Under a federal privacy law passed in 2009, business associates are required to comply with the same privacy and security requirements that apply to Solstas as well as to your doctors.

- **Disclosures to Others Involved In Your Care**

Solstas may also disclose your protected health information to your family members, other relatives and/or close friends if those individuals are involved with your care or payment for your care. We may only do so if you have agreed to the disclosure or if you have been given an opportunity to object to the disclosure and have not objected. (Please see the section below about limiting disclosures of your information, as well as our contact details, if you would like to limit such disclosures.)

- **Public Health Activities**

Solstas may disclose your health information for public health activities and purposes, such as reporting health information to public health authorities that are authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability. For example, this might occur if there were an outbreak of a communicable disease or if you were at risk of contracting or spreading a disease.

- **Health Oversight Activities**

Solstas may disclose your confidential information to a government agency that is legally responsible for oversight of the healthcare system or for ensuring compliance with the rules of government programs such as Medicare or Medicaid, or other regulatory programs that require health information in order to ensure compliance.

- **Required by Law or for Judicial or Administrative Proceedings**

Solstas may use and disclose your confidential information to comply with applicable laws or legal requirements, such as during periodic inspections of our laboratories by regulatory agencies, in response to a court order or subpoena, or in response to authorized requests by law enforcement officials, coroners, or medical examiners.

- **Victims of Abuse, Neglect, or Domestic Violence**

Solstas may disclose your protected health information as necessary when it relates to victims of abuse, neglect or domestic violence.

- **Research**

Solstas may disclose your confidential information for research purposes, subject to strict legal restrictions.

- **Health or Safety**

Solstas may disclose your confidential information to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the general public.

- **Government Functions**

Consistent with applicable laws, Solstas may disclose your confidential information to various departments of the federal or state government such as the U.S. military (if you are or were enrolled), the U.S. Department of State, or correctional institutions if you are in their custody.

- **Organ and Tissue Donation**

Solstas may disclose your protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation by patients who have consented to those disclosures.

Uses and Disclosures With Your Written Authorization

Other than the uses and disclosures described in this Notice, Solstas does not use or disclose your protected health information without your written authorization. If you choose to provide such an authorization, you may revoke it by providing written notice to Solstas at the address below. Please note that if you choose to withdraw your authorization, your decision will apply to future disclosures only and not to any that have already occurred.

Your Individual Rights

- **Right to Request Additional Restrictions**

You have the right to request additional restrictions on certain uses and disclosures of your protected health information to carry out treatment, payment or healthcare operations functions as described in this Notice. For example, you can request that your PHI be disclosed to certain family members or others who may assist with your medical care, and not be disclosed to others. While Solstas will consider all requests carefully, we may not always be able to accommodate your requested restriction. If we do agree to honor your request, Solstas will not use or disclose your information in the way you specified unless it is needed to provide emergency treatment.

- **Right to Avoid Disclosures to Health Plans for Payment or Healthcare Operations**

You have the right to request that your protected health information not be provided to your insurance company (such as in connection with insurance reimbursement) where the service in full, at the time that the laboratory test(s) are requested. To do so, you must notify your healthcare professional or Solstas in writing, and provide payment when your specimens are drawn.

- **Right to Receive Confidential Communications**

In certain circumstances, you may ask to receive confidential communications concerning your protected health information by other means or at different locations. While all reasonable requests will be carefully considered, Solstas is not required to agree to all requests.

- **Right to Inspect and Copy Your Confidential Information**

You may ask to inspect or to obtain a copy of your confidential information that is included in certain records we maintain. In addition to certain limits on the types of records that we can make available to patients, please note that there are federal and state laws applicable to laboratories that prohibit us from providing laboratory tests directly to patients. In those situations, we can only provide the test results to your healthcare professional. With respect to information that we are authorized by law to provide to you from your record, if it is maintained in an electronic health record, we can provide it to you in hard copy (print format) or electronically. The costs relating to obtaining your electronic health records will relate to the time spent preparing the copy for you, rather than a per-page fee.

- **Right to Amend, Correct or Update Your Records**

You have the right to ask us to amend your confidential information that is included in certain records maintained by Solstas. If we determine that the record is inaccurate, and the law permits us to amend the record, we will amend it. If your doctor or another person created the information that you want to change, you should ask that person to amend the information.

- **Right to Receive an Accounting of Disclosures**

Upon request, you may obtain an accounting of disclosures made by Solstas or its business associates of your health information. The accounting will be limited to the three years before the date of your request, and will not include certain other disclosures that are excepted by law. If you request an accounting more than once during any 12-month period, you will be charged a reasonable fee for each accounting statement after the first one. If you request an accounting relating to disclosures by business associates, Solstas will either provide you with such an accounting directly, or it may choose to provide you with the contact information for those business associates, such that you may request an accounting directly from them.

- **Right to Receive a Paper Copy of this Notice**

You may contact Solstas using the contact information below to obtain a copy of this Notice.

- **Copying Fees**

You may be charged a reasonable fee to cover costs related to copying your information or preparation of an explanation or summary of the protected health information, and postage. As noted above, you may also receive a copy of your electronic health records electronically, and will be charged a reasonable fee to cover the costs of preparing that information for you.

Contact Information

If you would like a copy of this Notice or have any questions about how we collect or use your protected health information, we invite you to contact us as follows:

Solstas Lab Partners
Privacy Office
4380 Federal Drive
Greensboro, NC 27410

You may also email call us at 888-664-7601, ext.6205.

You can also review and download our Notice from our website, at www.Solstas.com

If you believe Solstas has violated your privacy rights, you also have the right to file a complaint with Solstas at the above address, or with the U.S. Secretary of Health and Human Services.

Revisions to this Notice

We may change the terms of this Notice from time to time. If this Notice is revised, the revised notice will be provided to all patients in connection with the first request for laboratory services following the effective date of the change. The revised notice will also be available on our website, at www.Solstas.com.

Effective Date

This Notice is effective as of February 1, 2011.