



# 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.**

FYR Diagnostics (“FYR Diagnostics”) is committed to protecting the privacy of your protected health information or “PHI” in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), its implementing regulations, and other applicable laws and regulations governing your PHI. Your PHI includes all individually identifiable health information transmitted or maintained by FYR Diagnostics which relates to your past, present or future health, treatment or payment for health care services.

## **Our Responsibilities**

FYR Diagnostics is required by law to maintain the privacy of your PHI. We are also required to provide you with this Notice of our legal duties and privacy practices. This Notice describes our legal duties, privacy practices and your patient rights under HIPAA. We are required to follow all terms of this Notice that are currently in effect, and are required to notify you and other affected individuals in the event of a breach involving unsecured PHI. FYR Diagnostics stores PHI electronically and such PHI may be subject to electronic disclosure in accordance with this Notice and HIPAA.

## **How We May Use or Disclose Your Health Information**

FYR Diagnostics may use your PHI for treatment, payment, or healthcare operations purposes and for other purposes permitted or required by law. Not every possible use or disclosure that FYR Diagnostics may make with your PHI is listed in this Notice, but all of our uses or disclosures of your PHI will fall into one of the categories listed below.

We need your written authorization to use or disclose your PHI for any purpose not covered by one of the categories below. With limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing or fundraising purposes or sell your PHI unless you have signed an authorization. You may revoke any authorization you sign for such disclosures at any time. If you revoke your authorization, we will no longer use or disclose your PHI except to the extent we have already taken action based on your authorization.

We may use and disclose your PHI for the following purposes:

### **Treatment**

FYR Diagnostics provides laboratory testing for individuals, state agencies, physicians and other healthcare professionals, and we use your PHI in our testing processes. We disclose your PHI to authorized recipients who order tests or need access to your test results for treatment, benefits, or public health purposes. We may use and disclose PHI to contact you to remind you of an appointment or to tell you about our health-related products and services that may be of interest to you. Examples of other treatment-related purposes include disclosure to a pathologist to help interpret your test results or use of your PHI to contact you to obtain another specimen, if necessary.

### **Payment**

FYR Diagnostics may use and disclose your PHI for purposes of billing and payment. For example, we may disclose your PHI to health plans or other payers to determine whether you are enrolled with the payer or eligible for health benefits or to obtain payment for our services. If you are insured under another person’s health insurance policy (for example, parent, spouse, domestic partner or a former spouse), we may also send invoices to the subscriber whose policy covers your health services.

### **Healthcare Operations**

FYR Diagnostics may use and disclose your PHI for activities necessary to support our healthcare operations, such as performing quality checks on our testing, internal audits, arranging for legal services or developing reference ranges for our tests.



## **Business Associates**

We may provide your PHI to other companies or individuals that need it to provide services to us. These other entities, known as "business associates," are required to maintain the privacy and security of PHI. For example, our business associates may use your PHI to conduct billing, collections, imaging, courier, or record storage services on our behalf.

## **You and Individuals Involved in Your Care**

We may disclose relevant PHI to You or your personal representative, a family member, friend, caregiver or other individual involved in your healthcare or payment for your healthcare, if you tell us that this is acceptable to you or you do not object; or if in our professional judgment, we believe that you do not object.

## **As Required by Law**

We may use and disclose your PHI as required by federal, state, or local law. For example, FYR Diagnostics may disclose your PHI when required by public health disclosure laws.

## **Law Enforcement Activities and Legal Proceedings**

We may use and disclose your PHI if necessary to prevent or lessen a serious threat to your health and safety or that of another person. We may also provide PHI to law enforcement officials, for example, in response to a warrant, investigative demand or similar legal process, or for officials to identify or locate a suspect, fugitive, material witness, or missing person. We may disclose your PHI as required to comply with a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request or other legal process in the course of a judicial or administrative proceeding, but only if efforts have been made to tell you about the request or to obtain an order of protection for the requested information.

## **Research**

We may use or disclose PHI for research purposes when permitted by law, such as when an Institutional Review Board or privacy board has reviewed the research proposal and plans to ensure the privacy of your PHI and determined that your authorization is not required. We may also use or disclose PHI about deceased patients to researchers if certain requirements are met.

We may use and disclose a limited data set containing

some of your PHI for research purposes. However, we will only disclose a limited data set if we enter into a data use agreement with the recipient.

## **Other Uses and Disclosures**

As permitted by HIPAA, we may also disclose your PHI to:

- Social Services Agencies
- Public Health Authorities
- The Food and Drug Administration
- Health Oversight Agencies
- Military Command Authorities
- National Security and Intelligence Organizations
- Correctional Institutions
- Organ and Tissue Donation Organizations
- Coroners, Medical Examiners and Funeral Directors
- Workers Compensation Agents
- Governmental Agencies and Officials involved in oversight of health care systems, including the United States Department of Health and Human Services

We may also disclose PHI to those assisting in disaster relief efforts so that family or friends can be notified about your condition, status and location.

## **Incidental Uses and Disclosures**

Sometimes, your PHI may be used or disclosed in the course of our primary uses and disclosures, such as for treatment, payment or healthcare operations. For example, we may use it in a telephone conversation with a provider. We are permitted to make such incidental uses and disclosures as long as we take reasonable steps to minimize them, and have in place appropriate safeguards to protect them.

## **Note Regarding State Law**

For all of the above stated purposes for which FYR Diagnostics may use your PHI, when state or local law is more restrictive than federal law, we are required to follow the more restrictive law.

## **Your Patient Rights**

### **Receive Testing Information**

You have the right to access, inspect, and copy your PHI that we have created. You may receive your test results via the clinic or provider who collected your sample. Under certain limited circumstances, FYR Diagnostics may deny your access to a portion of your



records. For example, you do not have a right to inspect and copy information that FYR Diagnostics has collected in connection with, or in reasonable anticipation of, any legal claim or proceeding.

### **Amend Health Information**

You may request amendments (changes) to your PHI by making a written request to FYR Diagnostics if you believe the information is inaccurate or incomplete. However, we may deny the request in some cases (such as if we determine the PHI is accurate, complete, or the law does not permit FYR Diagnostics to amend the requested information). If we deny your request to change your PHI, we will provide you with a written explanation of the reason for the denial and let you know about further actions you may take. FYR Diagnostics cannot amend information created by your physician or any other person other than FYR Diagnostics.

### **Accounting of Disclosures**

You have the right to receive a list of certain disclosures of your PHI made by FYR Diagnostics in the past six years from the date of your written request. Under the law, this does not include disclosures made for treatment, payment, or healthcare operations or certain other purposes. Further, you will not receive an accounting of: (i) disclosures made to you, (ii) disclosures made pursuant to your authorization, (iii) disclosures made for purposes of treatment, payment, or health care operations, and (iv) disclosures made to friends or family in your presence or because of an emergency. If you request more than once accounting in any twelve (12) month period, FYR Diagnostics may charge you a reasonable fee for each accounting after the first accounting statement.

### **Request Restrictions**

You may request that we agree to restrictions on certain uses and disclosures of your PHI. We are not required to agree to your request, except for requests to limit disclosures to your health plan for purposes of payment or healthcare operations when you have paid us for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law. However, if FYR Diagnostics does agree to your request, FYR Diagnostics is bound by such agreement, except when otherwise required by law, in emergencies, or when the information is necessary to treat you. FYR Diagnostics must agree to your request for a limitation or restriction on the disclosure of your Health Information to a health plan if you pay for a service or health care

item out-of-pocket in full and the disclosure is exclusively for the purpose of payment or operations.

### **Request Confidential Communications**

You have the right to request that we send your health information by alternative means or to an alternative address, and we will accommodate reasonable requests.

### **Copy of this Notice**

You have the right to obtain a paper copy of this Notice upon request.

### **How to Exercise Your Rights**

You may write or send an email to us with your specific request, including requesting a form to complete to obtain a copy of your test results. FYR Diagnostics will consider your request and provide you a response.

### **Complaints**

If you believe FYR Diagnostics has violated your privacy rights, you have the right to file a complaint with us. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. Complaints to the Secretary should be sent to the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave. S.W., Washington, D.C. 20201 or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). FYR Diagnostics will not penalize or retaliate against any individual for filing a complaint.

To file a complaint with us, or should you have any questions about this Notice, send an email to us at [privacy@fyrdiagnostics.com](mailto:privacy@fyrdiagnostics.com) or write to us at the following address:

FYR Diagnostics  
Attention: Privacy Officer  
1121 East Broadway St  
Ste. 105  
Missoula, MT 59802

You may also contact the Privacy Officer at (406) 303-3560 ext 700.

### **Changes to this Notice**

We reserve the right to amend the terms of this Notice to reflect changes in our privacy practices, and to make



the new terms and practices applicable to all PHI that we maintain about you, including PHI created or received prior to the effective date of the Notice revision. Our Notice is displayed on our website and in a visible location in FYR's physical facility(ies). You may also request a copy of the most current version of this Notice at any time by contacting us at [privacy@fyrdiagnostics.com](mailto:privacy@fyrdiagnostics.com).

### **Non-Discrimination Notice**

FYR Diagnostics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FYR Diagnostics does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

If you believe that FYR Diagnostics has failed to provide you its services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex,

you can file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human  
Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800)368-1019, (800) 537-7697 (TDD)

### **Questions**

Should you have any questions concerning this Notice, please visit our website at [www.fyrdiagnostics.com](http://www.fyrdiagnostics.com). You may also email [privacy@fyrdiagnostics.com](mailto:privacy@fyrdiagnostics.com) or call our Customer Service team at (406) 303-3560 ext 1.