

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.

If you have any questions about this Notice or our Privacy Practices, please contact us at (888) 236-8896, send an email to privacy@oxfordbiodynamics.com, or write us using the address at the end of this Notice.

OUR RESPONSIBILITIES

Oxford Biodynamics is committed to protecting your Protected Health Information (PHI). We are required by law to maintain the privacy of your PHI and to provide you with this Notice upon request. It describes the ways in which we may use and disclose medical information about you, our legal duties, and your patient rights as determined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This Notice does not apply to non-diagnostic services that we may perform.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

We use your PHI for treatment, payment, or healthcare operations purposes and for other purposes permitted or required by law. The law permits us to use or disclose your health information for the following purposes:

Treatment:

Oxford Biodynamics provides laboratory testing for physicians and other healthcare professionals, and we use your information in our testing process. We disclose your health information to authorized healthcare professionals who order tests or need access to your test results for treatment purposes.

Payment:

Oxford Biodynamics may use and disclose medical information about you for the purpose of obtaining payment for our services. We may use and disclose your PHI to obtain payment from you, your insurance provider, or from third parties that may be responsible for such costs, such as family members. Your diagnosis may also be disclosed.

Healthcare Operations:

Oxford Biodynamics may use and disclose medical information about you to support our healthcare operations, including administrative, financial, legal, and quality improvement activities such as internal auditing, personnel training, and quality assurance of our testing procedures.

Business Associates:

We may provide your PHI to other entities (“business associates”) who assist us by providing services. Our business associates are required to maintain the privacy and security of PHI and must only use your health information for the services they perform on our behalf (e.g., billing companies).

State and Federal Law:

We may use and disclose your PHI when we are required or permitted to do so by applicable Federal, State and/or local law. Such uses or disclosures may include:

- Public health agencies
- FDA requirements
- Court orders or lawsuits
- Law enforcement activities
- Workers’ compensation
- National Security and Intelligence Organizations
- Coroners, Medical Examiners, and Funeral Directors
- Organ and Tissue Donation

Authorization:

We require your written authorization to use or disclose your health information for any purpose not covered by one of the categories above. You may revoke any authorization you provide at any time, and if you do so, we will no longer use or disclose your health information for the reasons stated in your authorization except to the extent we have already acted based on the authorization.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the right to receive a copy of your PHI that we maintain which may be used to make decisions about your care.

You have the right to request an amendment to the information about you if it is incorrect or incomplete.

You have the right to request a list of the disclosures we have made of your PHI.

You have the right to restrict the information we use or disclose about you for treatment, payment, or health operations. However, we are not required to agree to your request and will notify you if we deny a requested restriction.

You have the right to confidential communications regarding your PHI. For example, you may request that we contact you only at home.

If you have a complaint about our Privacy practices, or feel your rights have been violated, you have the right to file a complaint with us, or with the U.S. Department of Health and Human Services (HHS). We will not retaliate against you in any way if you file a complaint with us or with HHS.

All requests or complaints must be in writing, addressed to the Privacy Officer at Oxford Biodynamics:

Email: privacy@oxfordbiodynamics.com

FAX: 240-913-5681

Mail: Oxford Biodynamics
Attention: Privacy Officer
9801 Washingtonian Blvd., Suite 370
Gaithersburg, MD 20878

We reserve the right to amend the terms of this Notice to reflect changes to our privacy practices. This Notice will be available on our website and a copy is available on request.