

# Omni Health Diagnostics 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.

OmniHealth Diagnostics, “OmniHealth” is required by law and/or agree to maintain the privacy of your protected health information (PHI), to provide notice of our legal duties and privacy practices with respect to PHI, and to notify you if there is a breach of your unsecured PHI. OmniHealth abides by the terms of the Notice currently in effect.

OmniHealth provides this Notice to you to describe the ways we may use and disclose your PHI, including how we may use your PHI within OmniHealth and how, under certain circumstances, we may disclose it outside of OmniHealth. This Notice also describes the rights you have concerning your PHI. If you have any questions about this Notice, or if you want to exercise any rights described in this Notice, please contact the Privacy Officer listed at the end of this Notice.

## **How We May Use and Disclose Your PHI**

**Treatment:** We may use and disclose your PHI to provide you with the best laboratory service possible and for other treatment purposes. This may include communication with or a disclosure of your PHI to your health care provider (e.g., doctor, nurse, pharmacy) to clarify a laboratory test order or to provide test results.

**Payment:** We may use and disclose your PHI for billing and payment purposes. For example, we may provide PHI to your health plan so they will pay for our lab services.

**Operations:** We may use or disclose PHI for purposes of healthcare operations. These uses and disclosures may include the evaluation of the quality of our testing, the accuracy of results, securing accreditations, and for the operations and management of our lab. We may also disclose PHI to other healthcare providers or health plans involved in your care for their own operations, including coordination of care and benefits.

**OmniHealth Portals:** OmniHealth hosts web-based portals that allow healthcare providers involved in your care or your health plan to access your PHI, including lab results, as permitted by law.

**Individuals Involved in Your Care:** OmniHealth may disclose PHI to family members, caregivers, or others involved in your care or payment for your care in certain circumstances. We may also use or disclose your PHI to notify a family member, personal representative, or another person responsible for your care, about your location, and general condition or to disaster-relief organizations so that family or persons responsible for your care can be notified about your condition, status, and location. NOTE: If you do not want us to disclose your PHI to a family member or friend involved in your care, you may contact the Privacy Officer listed at the end of this Notice.

**Required by Law:** We may use and share PHI if we are required to do so by law but only to the extent required.

**Public Health and Safety:** OmniHealth may share your health information for certain public health and safety activities such as: helping state or federal officials in preventing or controlling disease, injury, or disability; helping with product recalls; reporting adverse events; assisting employers and schools in limited circumstances; reporting suspected abuse, neglect, or domestic violence, or preventing or reducing a serious threat to anyone's health or safety.

**Employers:** OmniHealth may disclose limited PHI to your employer if we perform lab testing at the request of the employer and the testing relates to medical surveillance of the workplace or whether you have a work-related illness or injury.

**Health Oversight:** We may disclose PHI to health oversight agencies for certain authorized review activities, such as audits, inspections, licensure or disciplinary actions or other activities necessary for the oversight of the health care system or government benefit programs. Health oversight agencies include without limitation the U.S. Department of Health and Human Services (HHS), the Centers for Medicare and Medicaid Services (CMS), and the state Human Services Department (HSD).

**Judicial or Administrative Proceedings:** OmniHealth may be required to release PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process so long as certain conditions are met.

**Law Enforcement or Other Government Functions:** OmniHealth may share PHI with a law enforcement official or a correctional institution in certain circumstances or for special government functions such as military, national security, and presidential protective services.

**Coroners, Medical Examiners, or Funeral Directors:** OmniHealth may share PHI with a coroner, medical examiner, or funeral director when an individual dies.

Organ and Tissue Donation: We may share PHI organizations that obtain, store, or transplant human organs and tissues.

Research: We may use or share your information for research purposes but only if certain conditions are met.

Workers Compensation: We can share information about you as authorized by workers' compensation laws or other laws that provide benefits to workers.

Incidental: Incidental uses and disclosures may occur during the course of providing laboratory services or in connection with an otherwise permitted use or disclosure.

#### You Must Authorize Other Uses and Disclosures

We will not use or disclose your PHI for a purpose not described in this Notice unless we have your written authorization. For example, we will not sell your PHI or use your PHI for most marketing purposes without your written consent.

#### Additional Protections:

Certain types of PHI may have additional protection under federal or state law. For example, PHI about mental health, HIV, sexually transmitted diseases, and genetic testing results may be treated differently under certain state laws. We will abide by any applicable privacy laws when using and disclosing your health information.

#### **Your Rights:**

Access: You can ask to see or obtain an electronic or paper copy of your medical record and other health information that we maintain about you. You may also ask us to send a copy of your health information to other individuals or entities that you designate in writing. You may request access by contacting the Customer Service Center at 844-550-0308. We may charge you a reasonable, cost-based fee to the extent permitted by law.

Amend: If you believe your PHI is incorrect or incomplete, you may ask OmniHealth to amend, update, or modify your PHI by submitting a written request to the Privacy Officer listed at the end of this Notice. Your request may be denied if the PHI was not created by OmniHealth or if the PHI is found to be accurate and complete.

**Confidential Communications:** You may ask us to communicate with you in a specific way or to send mail to a different address by contacting the Privacy Officer listed at the end of this notice. We will agree to all reasonable requests. NOTE: If you ask or agree to communicate with us through e-mail, text/SMS message, or other electronic means, those communications may not be secure, and your PHI could be intercepted by unauthorized third parties.

**Restrictions:** You may ask OmniHealth to restrict or limit its use or disclosure of your PHI for treatment, payment, or health care operations by contacting the Customer Service Center 972-887-34444 or submitting a written request to the Privacy Officer listed at the end of this Notice. While we will consider your written request, we may not be able to agree to such a restriction or limitation. If you pay for a service out-of-pocket in full and ask us not to share information about that service with your health plan, we will agree to such a restriction unless we are legally required to share that information. This process only applies when OmniHealth performs the billing for your lab services. If your tests are ordered by a provider that bills for the test, you should direct this request to the ordering provider.

**Accounting of Disclosures:** You can submit a written request to the Privacy Officer listed below if you would like a list of certain disclosures we made of your PHI. Your request must specify the time period. If you request such a list more than once a year, we may charge a reasonable, cost-based fee.

**Copy of this Notice:** You can ask for a paper copy of this Notice at any time.

**Questions, Concerns, or Complaints**

If you have any questions, concerns, or complaints about our privacy practices, please contact OmniHealth Diagnostics Privacy Officer at 1840 N Greenville Suite 176 Richardson, TX.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201 or through [www.hhs.gov/hipaa/filing-a-complaint](http://www.hhs.gov/hipaa/filing-a-complaint)  
OmniHealth will not retaliate against you for filing a complaint.

**Changes to the Terms of this Notice**

OmniHealth reserves the right to change the terms of this Notice and apply the changes to all PHI maintained by OmniHealth. The current Notice is available upon request at any OmniHealth facility, and on the OmniHealth website:  
<https://www.omnihealthdx.com>.