

NOTICE OF PRIVACY PRACTICES

Alpha Diagnostics

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Alpha Diagnostics is committed to protecting medical, mental health and personal information about you (“Health Information”). We are required by law to maintain the privacy of your Health Information, provide you information about our legal duties and privacy practices, inform you of your rights and the ways in which we may use Health Information and disclose it to other entities and persons.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following sections describe different ways that we may use and disclose your Health Information. Some information, such as certain drug and alcohol information, HIV information, genetic information and mental health information is entitled to special restrictions related to its use and disclosure. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories. Other uses and disclosures not described in this Notice will be made only if we have your written authorization. For Treatment. We may use Health Information about you to provide you with medical and mental health treatment or services. We may disclose Health Information about you to doctors, nurses, technicians, students, or other health system personnel who are involved in taking care of you in the health system. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes

may slow the healing process. A doctor treating you for a mental condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed to you. We may also share Health Information about you with other non- Alpha Diagnostics providers; this may be done electronically through a health information exchange that allows providers involved in your care to access some of your records from Alpha Diagnostics to coordinate services for you.

FOR PAYMENT.

We may use and disclose Health Information about you so that the treatment and services you receive with Alpha Diagnostics may be billed to and payment may be collected from you, an insurance company or a third party.

For example, we may need to give information to your health plan about neuromonitoring you received from Alpha Diagnostics so your health plan will pay us or reimburse you for the testing. We may also tell your health plan about a proposed treatment to determine whether your plan will pay for the treatment.

FOR HEALTH CARE OPERATIONS

We may use and disclose Health Information about you for our business operations. For example, your Health Information may be used to review the quality and safety of our services, or for business planning, management and administrative services. We may contact you about alternative treatment options for you or about other benefits or services we provide. We may also use and disclose your health information to an outside company that performs services for us such as accreditation, legal, computer or auditing services. These outside companies are called “business associates” and are required by law to keep your Health Information

confidential. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may release medical information to anyone involved in your medical care, e.g., a friend, family member, personal representative, or any individual you identify.

We may also give information to someone who helps pay for your care.

DISASTER RELIEF EFFORTS

We may disclose Health Information about you to an entity assisting in a disaster relief effort so that others can be notified about your condition, status and location.

WORKERS' COMPENSATION

We may use or disclose Health Information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

ABUSE AND NEGLECT REPORTING

We may disclose your Health Information to a government authority that is permitted by law to receive reports of abuse, neglect or domestic violence.

HEALTH OVERSIGHT ACTIVITIES

We may disclose Health Information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

LAWSUITS AND OTHER LEGAL PROCEEDINGS

We may disclose Health Information to courts, attorneys and court employees in the course of conservatorship, writs and certain other judicial or administrative

proceedings. We may also disclose Health Information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, or other lawful process.

LAW ENFORCEMENT

If asked to do so by law enforcement, and as authorized or required by law, we may release Health Information:

- To identify or locate a suspect, fugitive, material witness, certain escapees, or missing person;
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death suspected to be the result of criminal conduct;
- In case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

As required by law, we may disclose Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of Health Information not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your Health Information, you may revoke that authorization, in writing, at any time.

However, the revocation will not be effective for information that we have already used and disclosed in reliance on the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Your Health Information is the property of Alpha Diagnostics. You have the following rights regarding the Health Information we maintain about you:

RIGHT TO INSPECT AND COPY.

With certain exceptions, you have the right to inspect and/or receive a copy of your Health Information. If we have the information in electronic format then you have the right to get your Health Information in electronic format if it is possible for us to do so. If not we will work with you to agree on a way for you to get the information electronically or as a paper copy. To inspect and/or to receive a copy of your Health Information, you must submit your request to Alpha Diagnostics by fax to 310-606-2198.

Right to an Accounting of Disclosures

You have the right to receive a list of certain disclosures we have made of your Health Information.

To request this accounting of disclosures, you must submit your request in writing via fax at 310-606-2198

Your request must state a time period that may not be longer than the six previous years.

You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting

within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the Health Information we use or disclose about you for treatment, payment or

health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

To request a restriction, you must make your request in writing via fax to 310-606-2198.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, only to you and your spouse. We are not required to agree to your request except in the limited circumstance described below. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency care.

We are required to agree to a request not to share your information with your health plan if the following conditions are met:

1. We are not otherwise required by law to share the information
2. The information would be shared with your insurance company for payment purposes;
3. You pay the entire amount due for the health care item or service out of your own pocket or someone else pays the entire amount for you.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.

You have the right to request that we communicate with you about your Health Information in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail.

To request confidential medical communications, you must make your request in writing via fax to 310-606-2198. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE.

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this

QUESTIONS OR COMPLAINTS

If you have any questions about this Notice, please contact Alpha Diagnostics at 855-257-4239

If you believe your privacy rights have been violated, you may file a complaint with

Alpha Diagnostics Compliance Officer by contacting Alpha Diagnostics at 855-257-4239 and asking the operator to transfer you to the compliance officer.

I have received a copy of Alpha Diagnostics Notice of Privacy Policies and Practice.

Signature

Date:

Relationship to Patient