

# NOTICE OF PRIVACY PRACTICES

## Understanding Your Health Record and Personal Health Information

Each time you, or someone else on your behalf, orders supplies from us and we submit a claim for payment, a medical record is made. Typically, this record contains a list of your supplies, a prescription for your supplies, and your name, address, phone number, date of birth, social security number, insurance information, evaluations, test results, diagnoses, and prognoses.

This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the services you received
- Means by which you or a third-party payer can verify that services billed were actually ordered and provided
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the service we render and the outcomes we achieve

Understanding what is in your record and how your health information is used, helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

## Examples of Disclosures for Treatment, Payment, and Health Operations

Following categories describe the ways we may use and disclose your health information, except where prohibited by federal or state laws that require special privacy protections.

### Treatment

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff, or other personnel who are involved in your care or health care decisions.

For example: Information provided by your physician or other member of your health care team will be recorded in your record and used to determine the supplies or services that should work best for you. We may provide your physician or a subsequent health care provider with copies of health information that should assist him or her in making decisions regarding your care. We routinely make out-bound calls to coordinate the health care services we provide to you. We may contact you to verify your order, to inform you of any issues relating to your order or services requested, confirm receipt & delivery of supplies, to remind you of the need to re-order supplies, and communicate potential product recalls.

### Payment

We may use and disclose health information about you so that the treatment and services we provide to you may be billed to and payment may be collected from you, an insurance company or a third party.

For example: A bill may be sent to you or a third party payer. The bill may include information that identifies you, your diagnosis, procedures, and supplies used.

We may also disclose your health information to other health care providers or HIPAA covered entities who may need it for their payment activities.

### Health care operations

We may use and disclose health information about you in order to run our business and make sure that you and our other customers receive quality care. We also may contact you as part of our efforts to assess and continually work to improve the services we render and the outcomes we achieve.

For example: We may contact you to assure the quality of our service, We may use or disclose your information to conduct cost-management and business planning activities for our company.

We may also disclose your health information to other HIPAA covered entities that have provided services to you so that they can improve the quality and effectiveness of the health care services that they provide. We may use your health information to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

# Welcome to Quest Health Solutions

Important Information Enclosed

## 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 matters covered by this notice, please contact our Privacy Compliance Officer at 1-877-888-7050

### About this Notice

Quest Health Solutions is required by law to maintain the privacy of your health information, to provide you with a notice of its legal duties and privacy practices, and to follow the information practices that are described in this notice.

This notice explains how your health information may be used and disclosed and your rights related to your health information. You have a right to request and receive a paper copy of this notice. Quest Health Solutions will not use or disclose your health information except as described in this notice and as permitted under the law.

This notice applies to all the health information about you that is obtained by or on behalf of Quest Health Solutions Health information is information that relates to your past, present, or future physical or mental health or condition, the provision of health care products and services to you or payment for such services.

We will notify you of any breach involving your health information in accordance with applicable law.



CALL : 1-877-888-7050

EMAIL : [info@questhealthsolutions.com](mailto:info@questhealthsolutions.com)

Visit us online : [www.questhealthsolutions.com](http://www.questhealthsolutions.com)

Please detach along the dotted line before mailing.

Acknowledgment of Receipt of Notice of Privacy Practices

1. Fill out and sign the form on the flip side of this card.
2. Detach acknowledgment form from the Notice of Privacy Practices.
3. Fold and place in a stamped envelope.
4. Mail to:

Quest Health Solutions  
7401 Wiles Road, Suite 139  
Coral Springs, FL 33067



QUEST HEALTH  
SOLUTIONS

## Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills, or in the performance of Quest Health Solutions health care operations. The Notice of Privacy Practices also describes my rights and Quest Health Solutions duties with respect to my protected health information.

Customer Account Number \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Customer \_\_\_\_\_

Signature of Customer or Personal Representative \_\_\_\_\_

Printed Name of Personal Representative \_\_\_\_\_

Personal Representative's Relationship to Customer \_\_\_\_\_



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Please detach along the dotted line before mailing.



## Other Uses and Disclosures

We also may use and disclose your health information without your prior authorization for the following purposes:

- To your family, friends and others you identify who are involved in your health care or payment for that care. We may disclose health information that is directly relevant to their involvement in your care of payment for that care.
- To Business Associates of ours, with whom we contract for services. Examples of Business Associates include consultants, accountants, lawyers, custom fitting manufacturers, and third-party billing companies. We require these Business Associates to protect the confidentiality of your health information.
- To the Food & Drug Administration, such as to report adverse events.
- To health oversight agencies or authorities for health oversight activities, such as auditing and licensing.
- For public health purposes, including reports to public health agencies or legal authorities charged with preventing or controlling disease, injury, or disability and reports to employers for work-related illness or injuries for workplace safety purposes
- To law enforcement authorities for law enforcement purposes as required or permitted by law for example, in response to a subpoena or court order, in response to a request from law enforcement, and to report limited information in certain circumstances.
- For judicial and administrative proceedings, including if you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to first tell you about the request or to obtain an order protecting the information requested.
- As Required by Law. We will disclose your PHI when required to do so by federal, state or local law.
- To make reports on abuse, neglect, or domestic violence to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law & we believe it is necessary to prevent serious harm to you or someone else.
- To avert a serious threat to public health or safety, or to prevent serious harm to an individual.
- To Coroners and medical examiners and funeral directors, as necessary, to carry out their duties.
- To Organ procurement organizations, to the extent allowed by law.
- For notification purposes to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.
- To organizations for purposes of disaster relief efforts.
- To correctional Institutions if you are or become an inmate of a correctional institution as necessary for your health and the health and safety of other individuals.

# QUEST HEALTH SOLUTIONS NOTICE OF PRIVACY PRACTICES

- For research projects that are subject to a special approval process. We may use your health information to conduct research and we may disclose your PHI to researchers as authorized by law. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
- For specialized government functions; for example, as required by military authorities or to federal officials for intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.
- For workers compensation purposes as authorized by to the extent necessary to comply with worker's compensation or other similar programs established by law.

**Specific Uses or Disclosures Requiring Authorization.** We will obtain your written authorization for the use or disclosure of psychotherapy notes, use or disclosure of health information for marketing, and for the sale of health information, except in limited circumstances where applicable law allows such uses or disclosure without your authorization.

**Other Uses and Disclosures.** All other uses and disclosures other than those described in this Notice or otherwise permitted by law, will be made only with your written authorization. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your health information, except to the extent that we have already taken action in reliance on the authorization.



## Special Authorizations

There are federal and state laws that provide special protection for certain kinds of personal health information, such as information about sexually transmitted and other communicable diseases, drug and alcohol abuse, and certain mental health services. These laws may further restrict us from making uses and disclosures of those categories of health information and we will abide by those more protective laws to the extent they are applicable.



## Your Rights

You have individual rights over the use and disclosure of your personal health information, including the rights listed below. You may exercise any of these rights by submitting your request in writing. Please contact your Customer Service Center (for the address and phone number of the Center nearest you please call 1-877-902-9726) to obtain the applicable request form. We will evaluate each request and communicate to you in writing whether or not we can honor the request. We may also charge a reasonable fee for costs associated with your request to the extent permitted by law. We will notify in advance of the cost, and you may withdraw your request before you incur any cost.

### Restrict use

You may request, in writing, restrictions on certain uses and disclosures of your information. We will consider but are not legally required to accept most requests. After careful review of your request, we will notify you of our determination in writing. We must accept your request only if the restricted disclosure is to a health

plan for the purpose of carrying out payment or health care operations, disclosure of such information is not required by law, and the restricted information pertains to an item or service for which you paid in full out-of-pocket.

**Receive confidential communications** - You have the right to receive confidential communications by alternative means or at alternative locations. This includes an alternate mailing address, e-mail address, or telephone number, including via text message. Certain types of alternate communications, such as over the Internet, via email, or text message, are generally not encrypted and are inherently insecure. There are no assurances of confidentiality of health information when you elect to receive communication in this matter. There are certain types of sensitive health information we may choose to not send you via email or text, even if we agree to communicate with you via email or text message.

**Inspect and copy** - With a few exceptions, you have the right to access and obtain a copy of the health information that we maintain about you. If we maintain an electronic health record containing your health information, you have the right to obtain the health information in an electronic format. You may ask us to send a copy of your health information to other individuals or entities that you designate. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed in most cases.

**Receive Notice of a Breach** - You have the right to be notified upon a breach of any of your unsecured PHI.

**Request amendments** - You have the right to request in writing that we correct information in your record that you believe is incorrect or add information that you believe is missing.

**Know about disclosures** - You have the right to an accounting of instances where we have disclosed your health information for certain purposes other than for treatment, payment, health care operations, or other exceptions. Your request must be made in writing and may be for disclosures made up to 6 years before the date of your request.

**File complaints** - If you are concerned that we have violated your privacy or disagree with a decision we made about access to your record, you may file a written complaint with our Privacy Officer at the address below:

QUEST HEALTH SOLUTIONS  
7401 Wiles Road, Suite 139 Coral Springs, FL 33067

For more information on how to file a written complaint,  
CALL : 1-877-888-7050 EMAIL : info@questhealthsolutions.com

You also may file a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. See [www.hhs.gov/hipaa/index.html](http://www.hhs.gov/hipaa/index.html) for information on how to file a complaint with the Office for Civil Rights. You will not be penalized nor retaliated against if you file a complaint.



## Changes to this Notice

This notice is effective as of October 6, 2017. We may change the terms of our notice at any time. The new notice will be effective for all personal health information that we maintain. The revised notice will be posted at our places of service and on our Web site at [www.questhealthsolutions.com](http://www.questhealthsolutions.com). You may request a copy of the current notice at any time by call at 1-877-888-7050  
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