

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide you with notice of our legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

## USES AND DISCLOSURES

**Treatment** – Your health information may be used or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. We will never sell your health information or use it for marketing purposes.

**Payment** – Your health information may be used to bill or receive payment from health plans or other entities. For example, your health plan may request and receive information on dates of service and the services provided in order to pay for these services.

**Health care operations** – Your health information may be used to support the day-to-day activities and management of EquitasDX. For example, we use health information about you to manage your treatment and services.

**Law enforcement** – Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public health reporting** – Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain diseases to the state’s public health department.

**Other uses and disclosures require your authorization** – Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. You have the right to revoke your authorization by sending a written request to the individual listed on this Notice at any time. We must honor your request, except to the extent that we have already disclosed information under your prior authorization.

**Information about treatments** – Your health information may be used to send you information you may find interesting on the treatment and management of your medical condition.

## Individual Rights

You have certain rights under the federal privacy standards. These include the right to:

- Request restrictions on the use and disclosure of your protected health information
- Receive confidential communications concerning your medical condition and treatment
- Inspect and copy your protected health information
- Amend or submit corrections to your protected health information
- Receive an accounting of how and to whom your protected health information has been disclosed
- Receive a printed copy of this notice

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PROTECTED HEALTH INFORMATION that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about this Notice or to file a complaint:

EquitasDX  
2175 NW Raleigh St, STE 110  
Portland, OR 97210  
(503) 610-0080

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Office of Civil Rights  
200 Independence Avenue, S.W. Washington, D.C. 20201  
877-696-6775 (toll-free)

Effective Date: 09/01/2020

Expiration: one year from the date of receipt