

**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.**

**Aurora Diagnostics' Notice of Privacy Practices**

This Notice of Privacy Practices applies to Aurora Diagnostics' and all of its subsidiaries and business units (collectively referred to as "Aurora" in this Notice), except to the extent that a subsidiary, division, or business unit of Aurora performs occupational screening, forensic tests, paternity/identity tests, clinical trials tests or other similar tests.

**Aurora's Protection of Protected Health Information (PHI)**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Aurora is required by law to maintain the privacy of your health information, called protected health information ("PHI"), and to provide you with notice of Aurora's duties and PHI privacy practices. Aurora is committed to the protection of your PHI and will make reasonable efforts to ensure the confidentiality of your PHI as required by law.

**Aurora's Use and Disclosure of PHI**

Under HIPAA, the following categories explain the types of uses and disclosures of PHI that Aurora may make. Some of the uses and disclosures described may be limited or restricted by law including, but not limited to, the Clinical Laboratory Improvement Amendments of 1988 ("CLIA"). Please contact our Privacy Officer, using the contact information provided on this notice, for specific information regarding your state.

**Treatment** - Aurora may use or disclose PHI for treatment purposes, including disclosure to physicians, nurses, and other health care providers involved with your medical care, such as providing your physician with the results of a laboratory test.

**Payment** - Aurora may use or disclose PHI to bill and collect payment for the laboratory services provided to you, such as providing your PHI to your health insurer for payment of the services provided to you.

**Healthcare Operations** - Aurora may use or disclose PHI for operations concerning the delivery of health care services. These uses and disclosures are required, for example, to evaluate the quality of our testing, the accuracy of test

results, regulatory inspections, and lab management. Aurora may also disclose PHI to other providers or health insurers for their operations, to include disclosures to coordinate health care delivery or assignment of health benefits.

**Persons who provide care to you** - Aurora may disclose PHI to people involved in your care or who help pay for your care, such as your family members. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. As allowed by law, we may disclose the PHI of minors to their parents or legal guardians.

**Business Associates** - Aurora may disclose PHI to persons or entities known as “Business Associates” to perform specific functions or provide certain services to Aurora, to include other companies that provide billing services to Aurora’s labs. All of Aurora’s Business Associates are required to safeguard the privacy of your PHI. Also, upon the request of other providers or your insurance company, Aurora may disclose PHI to their Business Associates to perform certain functions or services.

**Disclosure for legal proceedings** – Occasionally, Aurora may be required to disclose your PHI as part of a legal proceeding. For example, Aurora may have to provide a patient’s PHI in response to a subpoena or court order.

**Law enforcement** - Aurora may be required to disclose PHI to law enforcement officers or agencies, to include PHI submitted in response to court orders, search warrants, subpoenas, or other demands that are authorized under the law.

**Required by law** - Aurora must disclose PHI if federal, state or local law requires it to do so.

**Public Health** - Aurora may disclose PHI for public health reasons, including disclosures to: 1) a public health service or agency to report, prevent or control disease, injury, or disability; 2) report births, deaths, or child abuse or neglect; 3) someone subject to the regulatory oversight of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity, including reporting reactions to medications or problems with products or notifying people of recalls of products they may be using; 4) notify a person who may have been exposed to a disease or may be at risk

for contracting or spreading a disease or condition; and 5) an employer about an employee to conduct medical surveillance in certain circumstances concerning a work-place illness or injury.

**Disclosure about victims of abuse, neglect, or domestic violence** - Aurora may disclose PHI about an individual to a government authority, including social services, if we reasonably believe that an individual is a victim of abuse, neglect, or domestic violence.

**Health oversight activities** - Aurora may disclose PHI to a health care oversight agency for activities authorized by law such as audits, civil, administrative, or criminal investigations and proceedings, actions, inspections, professional licensure or related disciplinary actions, or other activities necessary for oversight of the health care system, government benefit program, or compliance with regulatory requirements and other laws.

**Coroners, medical examiners, and funeral directors** - Aurora may disclose PHI to a coroner, medical examiner, or funeral director for the purpose of identifying a deceased person, determining cause of death, or for performing some other duty authorized by law.

**Personal Representative** - Aurora may disclose PHI to your personal representative (as that term is defined by law), or to an administrator, executor, or other authorized individual associated with your estate.

**Correctional institution** - Aurora may disclose the PHI of an inmate or other individual when requested by a correctional institution or law enforcement official for health, safety, and security purposes.

**Serious threat to health or safety** - Aurora may disclose PHI if necessary to prevent or lessen a serious and/or imminent threat to health or safety to a person or to the public in general, or for law enforcement authorities to identify or apprehend an individual.

**Research** – For clinical research activities, Aurora may use or disclose health information that has been “de-identified” by removing data that would personally identify you. Such limited data or records may be used by researchers for clinical

or related research projects. Before Aurora uses or discloses PHI for any research activity, at least one of the following events will occur: 1) a committee will determine that the research activity poses minimal risk to privacy and that adequate and necessary PHI safeguards are in place; 2) if the PHI concerns deceased persons, the researchers will assure Aurora that the PHI is required for the research activity and will be used exclusively for that research; or 3) the researcher will be receive information that will not identify you.

**Government functions** - Aurora may disclose the PHI of military personnel and veterans as required by military command authorities. Also, we may disclose PHI to authorized officials for national security purposes, and when requested by foreign military authorities. Disclosures will be made only if such disclosures comply with United States law.

**Workers' compensation** - Aurora may use or disclose PHI to comply with workers' compensation or other similar programs established to provide work-related injury or illness benefits.

**De-identified Information and Limited Data Sets:** Aurora may use or disclose health information that has been de-identified by removing certain unique identifiers that identify you personally. Aurora also may disclose limited information in a “limited data set” that does not contain any information that directly identifies you. By way of example, a limited data set may include your city, county and zip code, but not your name or address.

### **Other Uses and Disclosures of PHI**

For uses and disclosures of PHI for marketing purposes, or disclosures that would amount to a sale of PHI, Aurora will request an authorization from the patient. If you signed an authorization form, you may revoke it, in writing, at any time, except to the extent that action has been taken in reliance on that authorization.

### **Information Breach Notification**

Aurora is required to send a patient notification if it detects a PHI breach unless it can determine and fully demonstrate, based on a risk assessment, that there is a low probability that any PHI has been compromised. If your PHI is subject to a breach, you will be notified no later than sixty

(60) days after discovery of the breach. Such notification will include information about the breach and what Aurora will do reduce any potential harm resulting from the breach.

### **Patient Rights Regarding PHI**

Subject to certain exceptions, HIPAA establishes the following patient rights with respect to PHI:

**You have a right to a copy of Aurora's Notice of Privacy Practices** - To receive a copy of Aurora's Notice of Privacy Practices, you can contact us at [wsutton@auroradx.com](mailto:wsutton@auroradx.com), calling us at (561) 626-5512 and asking for Aurora's Privacy Officer, or by sending a written request to: Privacy Officer, Aurora Diagnostics, 11025 RCA Center Drive, Suite 300, Palm Beach Gardens, Florida 33410. This Notice will also be posted on the Aurora's website at [www.auroradx.com](http://www.auroradx.com).

**You have a right to limit the uses and disclosures of your PHI** - You can request Aurora to limit: 1) how we use and disclose your PHI for treatment, payment, and health care operations activities; or 2) our disclosure of PHI to individuals involved in your health care or payment for your health care. Aurora will consider your request, but is not required to agree to it unless the requested restriction involves a disclosure that is *not* required by law to a health plan for payment, or health care operations purposes and not for treatment, and you have paid for the service in full out of pocket. If we agree to a restriction on other types of disclosures, we will state the agreed restrictions in writing and will abide by them, except in emergency situations when the disclosure is for purposes of treatment.

**You have a right to request confidential communications** - You have the right to request that Aurora communicate with you about your PHI at an alternative address or by an alternative means. Aurora will accommodate all reasonable requests.

**You have a right a right to see and receive copies of your PHI** - You and your personal representative have the right to access your PHI. Within thirty (30) days after our receipt of your request, you will receive a copy of the completed laboratory report from Aurora unless an exception applies. Exceptions include a determination by a licensed health care professional that the access requested is

reasonably likely to endanger the life or safety of you or another person, and our inability to provide access to your PHI within 30 days, in which case we may extend the response time for an additional 30 days if we provide you with a written statement of the reasons for the delay and the date by which access will be provided. You have the right to access and receive your PHI in an electronic format if we can readily produce it in such a format. You also have the right to direct Aurora to transmit a copy to another person you designate if the request is in writing, signed by you, clearly identifies the designated person and where to send the copy of your PHI.

To request a copy of your PHI you can either: (a) complete a HIPAA Patient Request Form; or (b) contact the Privacy Officer at (561) 626-5512 or by e-mail at [wsutton@auroradx.com](mailto:wsutton@auroradx.com).

**You have a right to receive an accounting of your PHI disclosures** - You have a right to receive a list of certain instances in which Aurora disclosed your PHI. This list will *not* include certain disclosures of PHI, such as those disclosures made based on your written authorization, or those made prior to the date on which Aurora was required to comply. If you request an accounting of your PHI disclosures that were made for purposes other than treatment, payment, or health care operations, the list will include disclosures made in the past six (6) years, unless you request a shorter period of disclosures. If you request an accounting of PHI disclosures made for purposes of treatment, payment, or health care operations, the list will include only those disclosures made in the past three (3) years for which an accounting is required by law, unless you request a shorter period of disclosures.

**You have a right to correct or update your PHI** - If you believe that your PHI contains an error or other incorrect information, you may request, in writing, that Aurora correct the information. If your request is denied, we will provide an explanation as to why we could not change your PHI.

### **How to Exercise Your Rights**

To exercise any of your rights described in this notice, you must send a written request to: HIPAA Privacy Officer, Aurora Diagnostics, 11025 RCA Center Drive, Suite 300, Palm Beach

Gardens, Florida 33410. Patients may also update insurance and/or billing information through Aurora's website or by contacting the Aurora's Patient Billing Department using the phone number indicated on the billing invoice.

### **How to Contact Us or File a Complaint**

If you have questions or comments regarding the Aurora's Notice of Privacy Practices, or have a complaint about our use or disclosure of your PHI or our privacy practices, please contact: [wsutton@auroradx.com](mailto:wsutton@auroradx.com), or call us at (561) 626-5512 and ask for Aurora's HIPAA Privacy Officer, or send a written request to: HIPAA Privacy Officer, Aurora Diagnostics, 11025 RCA Center Drive, Suite 300, Palm Beach Gardens, Florida 33410. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Aurora will not take retaliatory action against you for filing a complaint about our privacy practices.

### **Changes to the Aurora Notice of Privacy Practices**

Aurora reserves the right to make changes to this notice and to our privacy policies from time to time. Changes adopted will apply to any PHI we maintain about you. Aurora is required to abide by the terms of our notice currently in effect. When changes are made, we will promptly update this notice and post the information on the Aurora website at [www.auroradx.com](http://www.auroradx.com). Please review this site periodically to ensure that you are aware of any such updates.