

Effective Date: April 1, 2009

**MIDLAND HEALTH TESTING INC.
NOTICE OF PRIVACY PRACTICES**
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS
TO YOUR MEDICAL INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

MIDLAND HEALTH TESTING INC. is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

This notice provides you with the following important information:

- How Midland Health Testing Inc may use and disclose your identifiable health information;
- Your privacy rights in your identifiable health information; and
- Midland Health Testing Inc. obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to all records containing your identifiable health information that are created or retained by Midland Health Testing Inc. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records Midland Health Testing Inc. has created or maintained in the past, and for any of your records we may create or maintain in the future. We will post a copy of our current notice in each of our facilities in a prominent location, and you may request a copy of our most current notice during any visit. Our current notice will be posted on our web site, www.midlandhealth.com . The Effective date will be posted in the upper left-hand corner of the notice.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of the entities that are part of Midland Health Testing Inc, including:

- Any health care professional authorized to enter information into your medical records, including members of our medical staff.
- All departments, units, independent contractors and offices operated by Midland Health Testing Inc.
- All of the Midland Health Testing's other affiliated entities.

All of these entities, individuals, sites and locations will follow the terms of this notice. In addition, these entities, individuals, sites and locations may share health information with each other for treatment, payment or healthcare operations purposes as described in this notice. Please realize that your personal physician may use different notices or policies regarding health information created in his or her office.

HOW WE MAY USE AND DISCLOSE YOUR IDENTIFIABLE HEALTH INFORMATION

The following categories describe different ways in which we may use and disclose your identifiable health information. For each category of uses or disclosures we will explain what we mean and provide examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories. Please realize, in some instances Nebraska and Iowa have special laws concerning the use and disclosure of certain types of health information, such as mental health, substance abuse and HIV/AIDS information. The laws of the state in which you receive treatment from Midland Health Testing Inc. will apply to uses and disclosures of this type of health information.

- **How We Collect Information About You:** Midland Health its employees and contractors collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.
- **What We Do Not Do With Your Information:** Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications directly or indirectly given to us, is held in strictest confidence. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.
- **How We Do Use Your Information:** Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between Midland Health Testing Services Inc and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical supplies, devices, medications, or insurance. If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

- **Information We Do Not Collect:** We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page (www.yourwebpage.org) that simply records the number of visitors and no other data. We do use some affiliate programs that may or may not capture traffic data through our site. To avoid potential data capture from a website you visited simply do not click on any of our outside affiliate links.
- **Payment.** We may use and disclose health information about you so that the treatment and services you receive from us 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 your health plan information about injections or lab studies you received so your health plan will reimburse us for this service.
- **Business Associates.** We may provide health information to entities that provide services for Midland Health Testing Inc. We require these business associates to protect the health information we provide to them. For example, we may disclose name, phone number, address, zip code, age, gender, payer, dates, types, locations and providers to these associates. These associates or independent contractors all maintain a Business Associates Agreement with Midland health Testing Inc that requires them to maintain full confidentiality and follow strict HIPPA regulation standards of all information shared.
- **As Required By Law.** We will use and disclose your health information when we are required to do so by federal, state or local law.

USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe circumstances in which we may use or disclose your identifiable health information:

- **Public Health Risks.** We may disclose health information about you for state and federal public health activities.

These activities generally include the following:

- To report, prevent or control disease, injury or disability;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or Spreading a disease or condition;

We will only make these disclosures if you agree or when we are otherwise required or authorized by law to do so.

- **Health Oversight Activities.** We may disclose your health information to state or federal health oversight agency for activities authorized by law. These oversight activities include, for example, investigations, inspections, audits, surveys; licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.
- **Law Enforcement.** We may release health information if asked to do so by a local, state or federal law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
 - About the victim of a crime in certain limited circumstances, if we are unable to obtain the person's agreement;
 - About criminal conduct at any Midland Health Testing Inc; and
- **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
 - **National Security and Intelligence Activities.** We may disclose your health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
 - **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to provide healthcare services to you; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOU'RE RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have the following rights regarding the identifiable health information we maintain about you:

- **Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by U.S.Mail. To request that we contact you in a certain way or at a certain location, you must make your request in writing to the Administrator of the facility at which you are receiving care or Midland Health Testing Inc, 12523 W. Hampton Ave. Butler, WI. 53022. We will not ask you the reason for your request, and we will accommodate reasonable requests. Your written request must specify how or where you wish to be contacted. You must provide us with a mailing address where you can receive correspondence and other communications from us related to payment for the services you have received from us. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.
- **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your health information for treatment, payment or healthcare operations purposes. ***Midland Health Testing Inc is not required to agree to your request.***

NOTE: If we do agree, we will strive to comply with your request unless your information is needed to provide emergency treatment to you. However, Midland Health Testing Inc cannot insure complete success. To formally request a restriction, you must make your request in writing to the Administrator of the facility at which you are receiving care or Midland Health Testing Inc.

- **Inspection and Copies.** You have the right to inspect and copy health information that may be used to make decisions about your care, including your medical records and billing records. Midland Health Testing Inc will respond to your request within 30 days. Review your request and

the denial. The person conducting the review will not be the person who denied your request. The Midland Health Testing Inc. organization that originally denied you access will comply with the outcome of the review.

- **Amendment.** If you feel that health information Midland Health Testing Inc. has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Midland Health Testing Inc. To formally request an amendment of health information that is maintained by or on behalf of Midland Health Testing Inc. about you, your request must be made in writing and submitted to Midland Health Testing Inc. In addition, you must provide a reason that supports your request. Midland Health Testing Inc. may deny your request for an amendment. In addition, Midland Health Testing Inc may deny your request if you ask to amend information that:

- **Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” An accounting of disclosures is a list of certain disclosures Midland Health Testing Inc has made of your identifiable health information. To request an accounting of disclosures made by Midland Health Testing Inc, you must submit your request in writing to Midland Health Testing Inc. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003.

- **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Midland Health Testing Inc. Office. You also may obtain a copy of this notice at the following website: www.midlandhealth.com

RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the Administrator of the facility at which you received care. Concerns can be directed to Administration at each facility. You may file a complaint with Midland Health Testing Inc at 12523 W. Hampton Ave, Butler, WI. 53022.

You may also submit a complaint to:

The Secretary of the Department of Health & Human Services
200 Independence Ave SW
Washington DC 20210

1-877-696-6775 (toll free)

All complaints must be submitted in writing. The Office of Civil Rights of HHS provides information on its website about how to file a complaint: www.hhs.gov/ocr/hipaa/.

You will not be penalized for filing a complaint.

RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES

We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note, we are required to retain records of your medical care. If you have any questions about this notice contact Midland Health Testing 1-800-898-8211