



# 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.**

Quest Diagnostics and its wholly owned subsidiaries (collectively “Quest Diagnostics”) are committed to protecting the privacy of your identifiable health information. This information is known as “protected health information” or “PHI.” PHI includes laboratory test orders and test results as well as invoices for the healthcare services we provide.

## Our Responsibilities

Quest Diagnostics is required by law to maintain the privacy of your PHI. We are also required to provide you with this Notice of our legal duties and privacy practices upon request. It describes our legal duties, privacy practices and your patient rights as determined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are required to follow the terms of this Notice currently in effect. We are required to notify affected individuals in the event of a breach involving unsecured protected health information. PHI is stored electronically and is subject to electronic disclosure. This Notice does not apply to non-diagnostic services that we perform such as certain drugs of abuse testing services and clinical trials testing services.

## How We May Use or Disclose Your Health Information

We use your PHI for treatment, payment, or healthcare operations purposes and for other purposes permitted or required by law. Not every use or disclosure is listed in this Notice, but all of our uses or disclosures of your health information will fall into one of the categories listed below.

We need your written authorization to use or disclose

your health information for any purpose not covered by one of the categories below. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes or sell your PHI, unless you have signed an authorization. You may revoke any authorization you sign at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons stated in your authorization except to the extent we have already taken action based on your authorization.

The law permits us to use and disclose your health information for the following purposes:

### **Treatment**

Quest Diagnostics provides laboratory testing for physicians and other healthcare professionals, and we use your information in our testing process. We disclose your health information to authorized healthcare professionals who order tests or need access to your test results for treatment purposes. Examples of other treatment related purposes include disclosure to a pathologist to help interpret your test results or use of your information to contact you to obtain another specimen, if necessary.

### **Payment**

Quest Diagnostics will use and disclose your PHI for purposes of billing and payment. For example, we may disclose your PHI to health plans or other payers to determine whether you are enrolled with the payer or eligible for health benefits or to obtain payment for our services. If you are insured under another person’s health insurance policy (for example, parent, spouse, domestic partner or a former spouse), we may also send invoices to the subscriber whose policy covers your health services.

### **Healthcare Operations**

Quest Diagnostics may use and disclose your PHI for activities necessary to support our healthcare operations, such as performing quality checks on our testing, internal audits, arranging for legal services or developing reference ranges for our tests.

## **Business Associates**

We may provide your PHI to other companies or individuals that need the information to provide services to us. These other entities, known as "business associates," are required to maintain the privacy and security of PHI. For example, we may provide information to companies that assist us with billing of our services. We may also use an outside collection agency to obtain payment when necessary.

## **As Required by Law**

We may use and disclose your PHI as required by law.

## **Law Enforcement Activities and Legal Proceedings**

We may use and disclose your PHI if necessary, to prevent or lessen a serious threat to your health and safety or that of another person. We may also provide PHI to law enforcement officials, for example, in response to a warrant, investigative demand or similar legal process, or for officials to identify or locate a suspect, fugitive, material witness, or missing person. We may also disclose PHI to appropriate agencies if we reasonably believe an individual to be a victim of abuse, neglect or domestic violence.

We may disclose your PHI as required to comply with a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request or other legal process in the course of a judicial or administrative proceeding, but only if efforts have been made to tell you about the request or to obtain an order of protection for the requested information.

## **Research**

We may disclose PHI for research purposes when an Institutional Review Board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your PHI and determined that the researcher does not need to obtain your authorization prior to using your PHI for research purposes. We may also disclose information about decedents to researchers under certain circumstances.

## **Other Uses and Disclosures**

As permitted by HIPAA, we may disclose your PHI to:

- Public Health Authorities
- The Food and Drug Administration
- Health Oversight Agencies

- Military Command Authorities
- National Security and Intelligence Organizations
- Correctional Institutions
- Organ and Tissue Donation Organizations
- Coroners, Medical Examiners and Funeral Directors
- Workers Compensation Agents

We may also disclose relevant PHI to a family member, friend, or anyone else you designate in order for that person to be involved in your care or payment related to your care. We may also disclose PHI to those assisting in disaster relief efforts so that others can be notified about your condition, status and location.

## **Note Regarding State Law**

For all of the above purposes, when state law is more restrictive than federal law, we are required to follow the more restrictive state law.

## **Your Patient Rights**

### **Receive Test Information**

You have the right to access your PHI that we have created. You may receive your test results online or on your smartphone using our mobile app, or obtain a form to request a copy of your results, by visiting our website at [www.questdiagnostics.com/MyQuest](http://www.questdiagnostics.com/MyQuest). You may also call us at 866-MYQUEST (866-697-8378). If your request for test information is denied, you may request that the denial be reviewed.

### **Amend Health Information**

You may request amendments to your PHI by making a written request. However, we may deny the request in some cases (such as if we determine the PHI is accurate). If we deny your request to change your PHI we will provide you with a written explanation of the reason for the denial and additional information regarding further actions that you may take.

### **Accounting of Disclosures**

You have the right to receive a list of certain disclosures of your PHI made by Quest Diagnostics in the past six years from the date of your written request. Under the law, this does not include disclosures made for purposes of treatment, payment, or healthcare operations or certain other purposes.

## Request Restrictions

You may request that we agree to restrictions on certain uses and disclosures of your PHI. We are not required to agree to your request, except for requests to limit disclosures to your health plan for purposes of payment or healthcare operations when you have paid us for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law.

## Request Confidential Communications

You have the right to request that we send your health information by alternative means or to an alternative address, and we will accommodate reasonable requests.

## Copy of this Notice

You have the right to obtain a paper copy of this Notice upon request.

## How to Exercise Your Rights

You may write or send an email to us with your specific request, including requesting a form to complete to obtain a copy of your test results. Quest Diagnostics will consider your request and provide you a response.

## Complaints/Questions

If you believe your privacy rights have been violated, you have the right to file a complaint with us. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. Quest Diagnostics will not retaliate against any individual for filing a complaint.

To file a complaint with us, or should you have any questions about this Notice, send an email to us at [Privacy@QuestDiagnostics.com](mailto:Privacy@QuestDiagnostics.com), or write to us at the following address:

Quest Diagnostics  
Attention: Privacy Officer  
1290 Wall Street West  
Lyndhurst, NJ 07071

You may also contact the Privacy Officer at 800-222-0446, ext. 8954.

## Note

We reserve the right to amend the terms of this Notice to reflect changes in our privacy practices, and to make the new terms and practices applicable to all PHI that we maintain about you, including PHI created or received prior to the effective date of the Notice revision. Our Notice is displayed on our website and a copy is available upon request.

# Non-Discrimination Notice

Quest Diagnostics Incorporated and its subsidiaries (Quest Diagnostics) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Quest Diagnostics does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Quest Diagnostics:

- Provides language services free of charge to people whose primary language is not English, such as:
  - Qualified interpreters
- Provides aids and services free of charge to people with disabilities to communicate effectively with us, such as:
  - Auxiliary aids and services
  - Written information in other formats (audio, accessible electronic formats, other formats)

If you need these services, contact 1.844.698.1022 or ask at a Quest Diagnostics patient service center.

If you believe that Quest Diagnostics has failed to provide these services or discriminated in another

way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Quest Diagnostics  
Civil Rights Coordinator  
1201 S. Collegeville Road  
Collegeville, PA 19426  
1.800.420.7225  
PatientAdvocacy@QuestDiagnostics.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Quest Diagnostics Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1.800.368.1019, 800.537.7697 (TDD)

## Language Assistance Services

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1.844.698.1022.

**ATENCIÓN:** si habla Español (Spanish), tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.698.1022.

**注意:** 如果您使用繁體中文(Chinese), 您可以免費獲得語言援助服務。請致電1.844.698.1022。

**ATTENTION :** Si vous parlez Français(French), des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.844.698.1022.

**ATANSYON:** Si w pale Kreyòl Ayisyen(French Creole), gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.844.698.1022.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog(Tagalog), maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.844.698.1022.

**CHÚ Ý:** Nếu bạn nói Tiếng Việt(Vietnamese), có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.844.698.1022.

**주의:** 한국어(Korean)를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.844.698.1022 번으로 전화해 주십시오.

**ACHTUNG:** Wenn Sie Deutsch(German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.844.698.1022.

ملحوظة: إذا كنت تتحدث انكر (cibarA) اللغة، ف إن خدمات المساعدة اللغوية توافر لك بالمجان. اتصل برقم 2201.896.448.1

**ВНИМАНИЕ:** Если вы говорите на Русском(Russian) языке, то вам доступны бесплатные услуги перевода. Звоните 1.844.698.1022.

**ATTENZIONE:** In caso la lingua parlata sia l'Italiano(Italian), sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.844.698.1022.

**ATENÇÃO:** Se fala Português(Portuguese), encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.844.698.1022.

**ध्यान दें:** यदि आप हिंदी(Hindi) बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.844.698.1022 पर कॉल करें।

UWAGA: Jeżeli mówisz po Polsku(Polish), możesz skorzystać z bezpłatnej pomocy językowej.  
Zadzwoń pod numer 1.844.698.1022.

注意事項：日本語(Japanese)を話される場合、  
無料の言語支援をご利用いただけます。1.844.6  
98.1022 まで、お電話にてご連絡ください。

Effective: June 27, 2017