

**NOTICE OF PRIVACY PRACTICES**  
**For CUUR Diagnostics**

CUUR Diagnostics (“we”, “our”, or “us”) is committed to your privacy and understand that health information about you is a very personal and private matter. Please be assured that we are committed to protecting the privacy of your individually identifiable health information (also called *protected* health information or *PHI*) as required by the privacy regulations created by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes your privacy rights regarding your PHI, how this information may be used and disclosed, and our obligations concerning the use and disclosure of this information. This policy must be followed by all our employees.

***PLEASE REVIEW THIS NOTICE CAREFULLY***

Should you have any questions about this Notice of Privacy Practices, or would like to submit a specific request, please contact our Privacy Officer by email at (PWills@CuurHealth.com), call and ask for our Privacy Officer at (844) 275-2887 or submit a written question or request to CUUR Privacy Officer, CUUR Diagnostics, 8876 Spanish Ridge Avenue, Suite 200, Las Vegas, NV 89148. We will consider your request and respond to you within a reasonable timeframe.

**Our Responsibilities**

We are required by law to maintain the confidentiality of your PHI. We must provide you with this notice of our legal duties and the privacy practices we maintain concerning your PHI and must abide by the terms described in this notice. We will promptly notify you if a breach occurs that may have compromised the privacy or security of your information and we will not use or share your information other than as described here unless you grant us permission in writing. You may change your mind at any time and may let us know in writing if you do.

**We May Use and Disclose Your PHI in the Following Ways**

The following categories describe the different ways in which we may use and disclose your PHI. Unless otherwise noted, each of these uses and disclosures may be made without your written permission.

**Assistance in Treatment** – We provide laboratory testing for physicians and other healthcare professionals and use your information in our testing process. We disclose

your PHI to authorized healthcare professionals who order tests or need access to your test results for treatment purposes.

**Healthcare Operations** – We may use your PHI for internal activities necessary to support laboratory operations, such as performing internal audits, systems, and quality checks, or developing reference ranges for our testing.

**Payment** – We will use your PHI as part of our billing process and may send it to insurance companies or other appropriate parties, including to you, 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.

**Business Associates** - We may provide your PHI to other companies or individuals to assist us in providing specific services requiring the use and disclosure of PHI. These other entities, known as “business associates,” are required by law to maintain the privacy and security of PHI. Our business associates must only use your PHI for the services they perform on our behalf. For example, we may provide information to companies that assist us with verifying insurance or billing for our services. Business associates have independent HIPAA compliance obligations.

**Individuals Involved in Your Care or Payment for Your Services** – We may release your health information to a family member, friend, legal guardian, or other person who is identified by you, involved in your care, or who helps pay for services we provide to you unless you have otherwise objected.

**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.

**As Required by Law** - In certain circumstances, federal or state laws may require that we provide your PHI to organizations or institutions such as the Food and Drug Administration, military command authorities, national security or law enforcement agencies, other law enforcement officials, correctional institutions, coroners, medical examiners, funeral directors, workers compensation agents, or other third parties as we, in our sole discretion, believe necessary or appropriate in connection with an investigation, court order, subpoena, regulatory compliance or otherwise required by any deferral, state or local law.

**Law Enforcement** - We may use or 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, in an emergency, to report a crime or any criminal conduct, including the location or victim(s) of the crime, or the description, identity or location of the perpetrator.

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

**For Public Health and Safety Reasons** - We may disclose your PHI to public health authorities that are authorized by law to collect information for purposes such as a) preventing or controlling disease, b) notifying a person regarding potential exposure to a communicable disease or the potential risk for spreading or contracting a disease or condition, c) notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance, d) reporting child abuse or neglect, or e) preventing or reducing a serious threat to any person's health or safety, including potential abuse and neglect of an adult patient, including domestic abuse (however, we will only disclose this information if you agree or we are required or authorized by law to disclose this information).

**Health Oversight Activities** - We may disclose your PHI to a health oversight agency for activities authorized by law such as investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; monitoring of government programs, compliance with civil rights laws and the health care system in general.

**De-identified Information and Limited Data Sets** - We may use and disclose health information that has been "de-identified" by removing certain identifiers making it unlikely that you could be identified. We also may disclose limited health information, contained in a "limited data set". The limited data set does not contain any information that can directly identify you. For example, a limited data set may include your city, county, and zip code, but not your name or street address.

**Appointment reminders and health-related benefits and services** - We may use and disclose PHI to contact you as a reminder that you have an appointment with us and may use and disclose PHI to tell you about health-related benefits and services that may be of interest to you. For example, we may contact you about new testing services available to you, based on services ordered by your healthcare provider.

**Other Uses and Disclosures of PHI** - For purposes not described above, including uses and disclosures of PHI for marketing purposes and disclosures that would constitute a sale of PHI, we will ask for patient authorization before using or disclosing PHI. 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 the authorization.

## **Your Rights**

You have certain rights regarding your PHI that we maintain, subject to certain exceptions under HIPAA.:

**Right to Paper Copy of this Notice** - You may receive a copy of this Notice any time you ask - even if you have agreed to receive it electronically, you may then ask for a paper copy by writing to CUUR Diagnostics, 8876 Spanish Ridge Avenue, Suite 200, Las Vegas, NV 89148, Attention: Privacy Officer, calling us at (844) 275-2887 and asking to speak to the Privacy Officer, or by going to our website at [www.cuurdiagnostics.com/hipaa](http://www.cuurdiagnostics.com/hipaa) and clicking [here](#).

**Request Restrictions** - You can ask us not to use or share certain health information for treatment, payment, or our health care operations. We are not required to agree to your request, and we may say “no” if it would affect your care or our ability to collect payment. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Confidential Communications** - You can request that we contact you in a specific manner (e.g.: to a different address or phone number, etc.) and we will accommodate all reasonable requests. You do not have to give a reason for the request.

**Inspection and Copies** - You may receive an electronic or paper copy of your PHI that we have created, including completed test reports, test orders, ordering provider information, billing information, insurance information, or any other health information we have about you. You may request a paper copy of your PHI or an electronic copy of your PHI that we maintain electronically, and you may also request that we transmit the information to you or to another individual or third party. Your request should be in writing addressed to, CUUR Diagnostics, 8876 Spanish Ridge Avenue, Suite 200, Las Vegas, NV 89148, Attention: Privacy Officer. You may download a form on our website at [www.cuurdiagnostics.com/hipaa](http://www.cuurdiagnostics.com/hipaa) ([or click here](#)). If another person requests access to your PHI on your behalf, we have the obligation to verify the identity and authority of any person requesting access to your PHI as your personal representative. We may charge you a reasonable, cost-based fee for providing these copies.

**Amendment** - You may ask us to correct your health information you feel is incomplete or incorrect. Contact us for information. We have the right to decline your request but will give you a reason why we did so, in writing, within 60 days.

**Accounting of Disclosures** - If you ask, we must provide you with a list of times we have shared your health information for the previous 6 years, with whom we shared it

and why. The list will not include some of the disclosures, such as when you requested the disclosure in writing, or those that we were required to make (to name a few). We will provide one such list per year free of charge but will charge a reasonable, cost-based fee if a second is requested within a 12-month period.

**Right to File a Complaint** - If you feel we have violated your HIPAA rights, you may: contact us using the information at the top of this notice or file a complaint by letter with the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

**Choose someone to act for you** - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**Disaster Relief** - You have the right to tell us how you want your information shared in the event of a disaster

### **Changes in Terms of this Notice**

The terms of this notice apply to all records containing your PHI that we create or retain. We reserve the right to make changes to this notice and to our privacy policies from time to time, which will apply to all your PHI we maintain. When changes are made, we will promptly update this notice and post the information on our website at [www.cuurdiagnostics.com/hipaa](http://www.cuurdiagnostics.com/hipaa). Please review this site periodically to ensure that you are aware of any such updates. A printed copy is available at your request and can be downloaded [here](#).

### **Acknowledgement of Receipt of Notice**

You may be asked to sign that you received this notice. If you choose not to sign, we will still provide your laboratory services and your rights described in this notice will not be affected.

\_\_\_\_\_  
Patient or Personal Representative Signature

\_\_\_\_\_  
Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient. \_\_\_\_\_