

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 Affiliated Covered Entities (collectively “Quest Diagnostics”) are committed to protecting the privacy of your identifiable health information. This information is known as “protected health information” or “PHI.” Examples of documents that may contain your PHI include laboratory test orders, test results and invoices.

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 PHI that is unsecured. PHI is stored electronically and is subject to electronic disclosure. This Notice does not apply to certain services that we perform, such as some drugs of abuse testing services and insurance applicant 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 PHI will fall into one of the categories listed below.

We need your authorization to use or disclose your PHI for any purpose not covered by one of the categories below. 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 PHI except to the extent we have already taken action based on your authorization.

We may use and disclose your PHI for the following purposes:

Treatment

Quest Diagnostics provides laboratory testing for physicians and other healthcare professionals, and we use your PHI 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. We may use and disclose PHI to contact you to remind you of an appointment or to tell you about our health-related products and services that may be of interest to you. Examples of other treatment-related purposes include disclosure to a pathologist to help interpret your test results or use of your PHI to contact you to obtain another specimen, if necessary.

However, for self-pay purchases made through QuestDirect™, except for the ordering provider, we do not share test results with other providers or healthcare professionals for treatment purposes.

Payment

Quest Diagnostics may 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 it to provide services to us. These other entities, known as "business associates," are required to maintain the privacy and security of PHI. For example, our business associates may use your PHI to conduct billing, collections, imaging, courier, or record storage services on our behalf.

Individuals Involved in Your Care

We may disclose relevant PHI to a family member, friend, caregiver or other individual involved in your healthcare or payment for your healthcare, if you tell us that this is acceptable to you or you do not object; or if in our professional judgment, we believe that you do not object.

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 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 use or disclose PHI for research purposes when permitted by law, such as when an Institutional Review Board or privacy board has reviewed the research proposal and plans to ensure the privacy of your PHI and determined that your authorization is not required. We may also use or disclose PHI about deceased patients to researchers if certain requirements are met.

We may use and disclose a limited data set containing some of your PHI for research purposes. However, we will only disclose a limited data set if we enter into a data use agreement with the recipient.

Other Uses and Disclosures

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

- Social Services Agencies
- 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 PHI to those assisting in disaster relief efforts so that family or friends can be notified about your condition, status and location.

Incidental Uses and Disclosures

Sometimes, your PHI may be used or disclosed in the course of our primary uses and disclosures, such as for treatment, payment or healthcare operations. For example, we may call your name in the waiting room at one of our Patient Service Centers, or use it in a telephone conversation with a provider. We are permitted to make such incidental uses and disclosures as long as we take reasonable steps to minimize them, and have in place appropriate safeguards to protect them.

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. You may:

- Obtain your test results online or on your smartphone using our mobile app by visiting our [MyQuest](#) website and creating or accessing your account. You may also obtain billing information via that website; or
- Contact Customer Service at 866-MYQUEST (866-697-8378) to request your records; or
- Complete and submit a Patient Request to Access or to Disclose Protected Health Information (PHI) (Access Form) in [English](#) or [Spanish](#) to obtain your test results and other PHI (or request the form from our Customer Service team); or
- Submit a written request of your own to our Customer Service team to obtain your PHI (requests must be signed and include enough demographic and other information necessary for us to authenticate you and identify your records).

If your request for test information is denied, you may request that the denial be reviewed.

Amend Health Information

You may request amendments (changes) 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 let you know about further actions 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 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. Please refer to the Contact Information below. Quest Diagnostics will consider your request and provide you a response.

Complaints/Questions/Contact Information

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, or write to us at the following address:

Quest Diagnostics
Attention: Privacy Officer
500 Plaza Drive
Secaucus, NJ 07094

You may also contact the Privacy Officer at (800) 222-0446, ext. 1020123.

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

We comply with applicable Federal civil rights laws and do 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 (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
(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
(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.

اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (Arabic) ملحوظة: إذا كنت تتحدث اذكر
1 (844) 698-1022.

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) 698-1022 まで、お電話にてご連絡ください。

Effective: December 22, 2021