

# HIPAA Notice of Privacy Practices



**TeQuaidas Diagnostics**  
Mobile Phlebotomy & Rapid Testing Services

Phone: 866-614-6930  
Website: [www.teqdraws.com](http://www.teqdraws.com)  
3133 Maple Drive Northeast, Atlanta, GA

**TeQuaidas Diagnostics Effective Date:** May 13, 2026

**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.**

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## **I. OUR PLEDGE REGARDING HEALTH INFORMATION**

TeQuaidas Diagnostics understands that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the services you receive from our mobile phlebotomy and diagnostic team to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by TeQuaidas Diagnostics.

## **II. OUR LEGAL DUTY**

**We are required by law to:**

- Maintain the privacy of your Protected Health Information ("PHI").
- Provide you with this notice of our legal duties and privacy practices with respect to your PHI.
- Notify you following a breach of unsecured PHI.
- Follow the terms of the notice that is currently in effect.

## **III. HOW WE MAY USE AND DISCLOSE YOUR PHI**

The following categories describe different ways that we use and disclose PHI.

**1. For Treatment** We may use PHI about you to provide you with mobile phlebotomy, specimen collection, and diagnostic services. We may disclose PHI about you to doctors, nurses, technicians, laboratories, or other personnel who are involved in taking care of you. For example, we will share specimen labels/identifiers, collection details, and related information with the laboratory processing your tests so that results are correctly attributed to you and reported to the ordering provider.

**2. For Payment** We may use and disclose PHI about you so that the services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. This may include sharing information with your health plan about services provided, verifying coverage, obtaining prior authorizations (when applicable), and submitting claims or invoices.

**3. For Healthcare Operations** We may use and disclose PHI about you for healthcare operations. These uses and disclosures are necessary to run TeQuaidas Diagnostics and make sure that all of our patients receive quality care. For example, we may use PHI to conduct quality assessment and improvement activities, review staff performance and training, manage business operations, and evaluate the accuracy and reliability of our rapid testing and specimen collection protocols.

**4. Mobile Collection and Transport (Safeguarding PHI)** Because we provide services in homes, workplaces, and community settings, we take additional precautions to protect PHI during mobile collection and transport. We may use and disclose PHI as necessary to identify you, label and handle specimens, and deliver specimens to the appropriate laboratory or provider. We safeguard PHI and specimens by using privacy-aware collection practices, limiting access to PHI to authorized personnel, using secure storage/transport methods for paperwork and specimens, and sharing only the minimum necessary information to accomplish the intended purpose.

**5. To Attorneys, Detention Centers, and Child Support Offices** In accordance with our service model, we may disclose PHI to attorneys, detention centers, or child support offices when such disclosure is authorized by you, or when required by a court order, subpoena, or other lawful process. We ensure that any disclosure for legal or forensic purposes meets the minimum necessary standard required by law.

**6. Individuals Involved in Your Care** We may release PHI about you to a friend or family member who is involved in your medical care or who helps pay for your care, provided you have agreed to such disclosure.

**7. As Required By Law** We will disclose PHI about you when required to do so by federal, state, or local law, including for public health activities, health oversight activities, or in response to a law enforcement request.

## **IV. YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI we maintain about you:

- **Right to Access, Inspect, and Copy:** You have the right to access, inspect, and obtain a copy of PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. You may request records in paper or electronic form when available.
- **Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request.
- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of PHI about you, other than for treatment, payment, and healthcare operations and certain other disclosures permitted by law.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations. We are not required to agree to your request unless you are requesting that we not disclose information to your health plan about a service for which you paid out-of-pocket in full.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (e.g., only at your home or by a specific email).
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice at any time.

## **V. CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our website: <https://www.teqdraws.com>.

## **VI. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with TeQuaidas Diagnostics or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## **VII. CONTACT INFORMATION**

To exercise any of your rights or to ask questions regarding this notice, please contact:

**TeQuaidas Diagnostics** Attn: Privacy Officer

Website: <https://www.teqdraws.com>

Phone: 866-614-6930

When contacting us, please describe your request in as much detail as possible (e.g., the date(s) of service and the type of records requested) so we can respond appropriately.