



NOTICE OF PRIVACY PRACTICES FOR CLINICAL TESTING

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WE ARE REQUIRED BY LAW TO PROTECT HEALTH INFORMATION ABOUT YOU.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

Protected health information is information about you, including demographic information, that may identify you, and that relates to your past, present or future medical condition.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change our notice at any time.

The rest of this Notice will:

1. Discuss how we may use and disclose protected health information about you.
2. Explain your rights regarding protected health information.
3. Describe how and where you may file a privacy-related complaint.

I. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU:

The following are examples of the types of uses and disclosures of your protected health information that SORENSON GENOMICS (or its subsidiaries) is permitted to make. These examples are not comprehensive, but serve as a description of the types of uses and disclosures that may be made.

1. Treatment. We may use and disclose your protected health information via a secure environment (reporting portal, secure fax, etc) to provide, coordinate or manage your health care and any other related activities. This includes the coordination or management of your health care with your physician, health care provider or health care plan. For example, we may disclose your protected health care information to a health care provider who, at the request of you or your physician, becomes involved in your care or treatment.

You have the right to request restrictions on protected health information disclosures to your health plan for services or items paid out-of-pocket in full and we will comply with such requests.

2. Payment. We may use and disclose protected health information about you to obtain payment for health care services that you received. We may disclose protected health information about you to others (such as collection agencies, and consumer reporting agencies).
3. Health Care Operations and Health Oversight. We may use and disclose your protected health information, as needed, in order to support the business activities of our company. These activities include, but are not limited to, quality assessment and improvement activities, accreditation, certification, licensing, competency reviews and conducting or arranging for other business activities that our company is involved in. For example, we may disclose your protected health information to accrediting agencies for the purpose of evaluating laboratory performance within established performance standards.

We may share your protected health information with third party 'business associates' that perform various activities for our company (for example; collections services, information technology services, accrediting agencies, etc.). Whenever an arrangement between our company and a business associate involves the use or disclosure of your protected health information, we will have a written contract in place that contains terms that will protect the privacy of your protected health information.

4. Persons Involved in Your Care. Unless you object, we may disclose protected health information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose protected health information about the minor to a parent, guardian, or other person responsible for the minor.
5. Required by Law. We will use and disclose protected health information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose protected health information. You will be notified, as required by law, of any such uses or disclosures.
6. Public Health. We may use or disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. Public health activities use protected health information for various activities, including, but not limited to, activities related to investigation of diseases and monitoring drugs or devices regulated by the Food & Drug Administration (FDA). For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the state or country who may take other actions to prevent the spread of a disease.
7. Authorizations. Other uses and disclosures of your protected health information will be made only with your written authorization or signed permission of you or your personal representative. Other uses include sending you information about products or services

that may be beneficial to you, information about our company and the services that we offer, and other marketing activities. In addition, we will never sell your protected health information without written authorization. You may revoke this authorization, at any time, in writing, except to the extent that SORENSON GENOMICS or one of their business associates has taken an action in reliance on the use of disclosure indicated in the authorization.

II. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION:

1. Right to a Copy of This Notice. You have a right to receive a copy of this notice by e-mail. If you agreed to accept this notice electronically, you also have the right to request a paper copy of this notice.

Requests regarding the Notice of Privacy Practices should be directed to the Customer Service Department:

Phone: Toll Free 1-888-988-4783
Email: privacy@identigenesupport.com

or Privacy Officer at:

Phone: (801) 462-1494
Email: privacy@identigene.com
Mail: Sorenson Genomics – Identigene Privacy Officer
2495 South West Temple
Salt Lake City, UT 84115

2. Right to Inspect and Copy. You may inspect and obtain a paper or electronic copy of your protected health information that is maintained in a designated record set for as long as we maintain the protected health information. A ‘designated record set’ contains medical, billing and any other records that are used for making decisions about you.
NOTE: Regulatory requirements for high complexity testing state that counseling should be offered at the time of results release; therefore, we may contact your healthcare provider to request that they initiate a consultation to discuss your results and provide a copy for you at that time,

Requests for access to or copies of your protected health information should be directed to the Customer Service Department or Privacy Officer. There may be a fee associated with the request.

3. Right to Have Protected Health Information Amended. You have the right to have us amend (which means correct or supplement) protected health information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. There may be a fee associated with the request.

4. Right to Request an Alternative Method of Contact. You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. Requests should be directed to the Customer Service Department.

5. Right to Request Restrictions on Uses and Disclosures. You may ask us not to disclose any part of your protected health information for the purposes of treatment, payment and health care operations. Any request must state the specific restriction requested and to whom you want the restriction to apply. We will consider your request but are not legally required to accept it. In addition, you may not limit the uses and disclosures that we are legally required to make.

Requests for restrictions should be directed to the Customer Service Department.

6. Right to Receive Notification of Breach of Unsecured PHI. Notice to affected consumers alerting them of any breaches “without unreasonable delay,” will be provided.
7. Right to Request a List of Disclosures. You may ask us for a list (accounting) of the times we have shared your protected health information, who we have shared it with and the reasons why for as long as we maintain the protected health information.

III. FILING A COMPLAINT ABOUT OUR PRIVACY PRACTICES:

If you believe that your privacy rights have been violated by us or disagree with our privacy practices, you may file a complaint. You may file a complaint with us by notifying our Privacy Officer or you may send a written complaint to the Secretary of Health and Human Services. We will not retaliate against you if you file a complaint about our privacy practices.

For further information regarding our complaint process, you may contact our Privacy Officer at:

Phone: (801) 462-1494
Email: privacy@identigene.com
Mail: Sorenson Genomics – Identigene-Privacy Officer
2495 South West Temple
Salt Lake City, UT 84115