

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be disclosed and how you can get access to this information. Please review the notice carefully and contact PGDx with any questions.

Personal Genome Diagnostics is committed to protecting personal health information. This Notice applies to all of the records of or related to the services provided to you which are maintained by PGDX, whether electronic or paper and whether made by lab personnel, your personal doctor, a consulting or other treating doctor. It also applies to sharing of information among PGDX reference laboratories. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information and should be consulted directly for their policy.

This Notice covers the ways in which PGDX may use and disclose personal health information. It also describes personal rights and certain obligations PGDX has regarding the use and disclosure of health information.

We are required by law to:

- Maintain the privacy of your health information that identifies you;
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Notice that is currently in effect.

How We May Use And Disclose Health Information About You

The following categories describe different ways that PGDX may use and disclose personal health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Laboratory Testing services. Our Laboratory typically collects information about you from your physician who sends us your specimen for laboratory testing. We may use and disclose your information to process and run your test(s) and provide the results to your physician (or his or her agent).

Payment. We may use and disclose health information about you including laboratory test results, procedures, and supplies used so that the testing services you receive at PGDX may be billed to (and payment may be collected from) you, an insurance company or other third party. We may also tell your health plan about a test or service you are going to receive to obtain prior approval or to determine whether your plan will cover the test or service. Another example is attempting to contact you in writing or on the telephone for purposes of verifying or gaining more information regarding insurance coverage.

Business Associates. PGDX may disclose your information to our business associates to perform certain business functions or provide certain business services to Laboratory. All of our business associates must maintain the privacy and confidentiality of your information.

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Health Care Operations. We may use and disclose health information about you for PGDX operations. These uses and disclosures are necessary to run PGDX entities and make sure that all of our customers receive quality service. For example, we may use health information to review our processes and services and to evaluate the performance of our staff in servicing you. In these cases, we will remove information that identifies you so others may use it without learning who the specific customers are.

Incidental Uses and Disclosures. We may use or disclose your health information when such use or disclosure is incidental to another use or disclosure that is permitted or required by law. For example, conversations between laboratory personnel or other PGDX personnel regarding your health condition or test results may at times be overheard. Please be assured that we have appropriate safeguards to avoid such situations as much as possible.

Individuals Involved in Your Testing or Payment. We may disclose health information about you to a friend or family member who is involved in your testing. We may also give information to someone who is involved with payment or helps pay for your care and testing.

Research. Under certain circumstances, we may use and disclose health information about you to researchers for research purposes when their research has been approved and established protocols to ensure the privacy of your health information have been set.

As Required by Law. We will disclose health information about you when required to do so by federal, state or local law or regulation. For instance, we are required to report certain injuries or illnesses for public health purposes.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

Special Situations

Government Functions. In certain situations, PGDX may disclose the information of military personnel and veterans, including Armed Forces personnel, as required by military command authorities.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, only if you have agreed to such a release, except that your consent will not be required if the information disclosure has been ordered by a court of law.

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Law Enforcement. We may disclose health information if asked to do so by a law enforcement official in the following situations:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- If the information is in regard to a victim of a crime, and if, under certain limited circumstances, we are unable to obtain the person's agreement to the disclosure;
- About a death we believe may be the result of criminal conduct;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities. We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose health information about you to authorized federal officials so they may conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

To Third Parties. We may disclose your health information to certain third parties with whom we contract to perform services on behalf of PGDX. If we do so, we will have written assurances from the third party that the third party will safeguard your information.

Highly Confidential Information. Certain types of health information receive special privacy protection. We will only use or share your highly confidential health information as permitted or required by law, or with your written permission.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy your testing information. However, as a laboratory, PGDX is subject to both federal and state licensure regulations, which in most states, require laboratory test information to be disclosed to a patient only by the referring physician.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to PGDX.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for test services or payment. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. While all requests will be considered, PGDX is not required to agree to these requests.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

Right to a Paper Copy of This Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at any SCMM facility.

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 health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the facilities covered by this Notice. In addition, each time you request the services of PGDX for testing, a copy of the current Notice in effect will be made available to you upon your request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with PGDX or with the secretary of the Department of Health and Human Services.

To file a complaint with PGDX, contact the PGDX Privacy Officer, at 2809 Boston Street, Suite 503, Baltimore MD 21224, or send an e-mail to info@personalgenome.com .

Other Uses Of Health Information

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to reverse any disclosures we have already made with your permission, and that we are required to retain our records of the services that we to you.

Questions or Concerns

Email: info@personalgenome.com

Effective Date

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This notice became effective on 8/1/2011