



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION PROVIDED TO US ABOUT YOU MAY BE USED AND DISCLOSED BY AGENDIA AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

This **Notice of Privacy Practices** describes the privacy practices of Agendia, Inc., (“Agendia”) a “covered entity” under Federal privacy laws. Agendia is committed to protecting the confidentiality of your medical and health information. This information is known as “protected health information” or “PHI.” We are required by law to maintain the privacy and security of your protected health information as stated in this Notice. Agendia, NV, our parent company located in the Netherlands, and not a covered entity, also follows the relevant privacy practices outlined in this Notice.

### **Our Uses and Disclosures**

Agendia may use or disclose your protected health information for treatment, payment, or healthcare operations purposes and for other purposes as permitted or required by law. Where state or federal law restricts one of the described uses or disclosures, we follow the requirements of such state or federal law. These are general descriptions only. Not every use or disclosure is listed in this Notice, but all our uses or disclosures will fall into one of the categories listed below.

Any use or disclosure not covered by one of the listed categories will require your written authorization. We will not 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 acted based on your authorization.

We may use or share your Information in the following ways:

**Treatment:** We may use and disclose your protected health information to provide, coordinate or manage your health care treatment and related services, including disclosure to authorized health care professionals who ordered your test or other health care providers involved in your treatment and care. For example, we will use your protected health information in our testing process to create a test result report or use your PHI to contact you to obtain additional information when necessary.

**Health Care Operations:** We may use or disclose your protected health information, as needed, to support our company’s business activities, such as quality assessment and improvement activities, training, providing customer service, and performing licensing or accreditation for our laboratory with the goal of improving the care we provide. For example, we may use your PHI to develop and improve our internal controls and improve our testing services.

**Payment:** We may use and disclose your protected health information so that the services you receive from us may be billed and payment may be collected from you, a health plan, or other entities. For example, we may disclose your information to your health plan for determinations of eligibility and



coverage, to collect outstanding amounts, and to appeal any reimbursement denial.

**Research:** We may use and disclose your protected health information for internal and external research purposes to, among other things, develop and improve our testing services and products. We may disclose your PHI to organizations that support medical research or that find, investigate, or cure diseases. To do this, we will use standard de-identification practices to de-identify your PHI before it is disclosed or obtain your consent to do so. For example, we may use your PHI For example, we may use your PHI for use in a research project involving the effectiveness of certain medical procedures:

**Business Associates:** We may also disclose your protected health information to third party “business associates”, contracted to provide services to Agendia For example, we may disclose information to a third party that performs billing and collections, document destruction services or software support. We require that any business associate who receives your information, maintains the privacy and security of your health information as required by law.

**Persons Involved in Your Care:** We may disclose your protected health information to individuals, such as family members, personal friends or others who are involved with your care or help you pay for your care if you have not expressed your objection to or requested a restriction for these types of disclosures. For example, if you are covered by your spouse’s health insurance, we may disclose information to that individual relevant to payment for the services we have provided to you. In all cases, we will use our best judgment and restrict the information shared to only that which is necessary to your family’s and others’ involvement in your care.

In the event you are not present or the opportunity to agree or object to the use or disclosure cannot be provided because of your incapacitation or an emergency circumstance, a disclosure may be made in your best interests.

**Other uses and disclosures:** We are permitted or required by law to share your information in other ways, usually when it contributes to the public good, such as public health and research. We are required to meet certain conditions in the law before disclosing your information for these purposes. These additional uses and disclosures include:

- for public health and safety activities authorized by law to collect or receive such information for the purposes of preventing or controlling disease, injury, or disability;
- to certain governmental agencies if we suspect child abuse or neglect and we may also release your protected health information to certain governmental agencies if we believe you to be a victim of abuse, neglect, or domestic violence;
- to Food and Drug Administration (FDA) regulated entities for purposes of monitoring or reporting the quality, safety, or effectiveness of FDA regulated products, or to participate in product recalls;
- to your employer when we have provided health care to you at the request of your employer for purposes related to occupational health and safety (in most cases you will receive notice that information is disclosed to your employer);
- if required by law to a government oversight agency conducting audits, investigations, inspections, and related oversight functions; in emergency circumstances, such as to prevent a serious and



imminent threat to a person or the public;

- to respond to lawsuits or legal actions (if required or requested by a legal representative, court or administrative order, subpoena, or discovery request, in most cases you will have notice of such release);
- to law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime, or for other allowable law enforcement purposes;
- to correctional institutions, to the extent that Agendia makes such disclosures to coroners or medical examiners for the purpose of identifying a deceased person, determining cause of death or another purpose authorized by law and to funeral directors as necessary to carry out their duties with respect to the deceased to the extent consistent with applicable law;
- if you are a member of the military for activities set out by certain military command authorities required by armed forces services;
- if necessary for national security, intelligence, or protective services activities;
- for purposes related to your workers' compensation benefits or similar programs that provide benefits for work-related injuries or illness;
- to researchers when the research they are conducting has been approved by an institutional review or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information or to people preparing to conduct a research project;
- to the Secretary of Health and Human Services "HHS" for HIPAA Rules compliance and enforcement purposes.

For the purposes listed above, in cases where state law is more restrictive than federal law, Agendia is required to follow the more restrictive state law.

### **Uses and Disclosures that Require Your Authorization**

Uses and disclosures of your protected health information for purposes other than those referred to in this Notice will be made only with your written authorization. Examples include, but are not limited to:

- use or disclosure of protected health information for marketing purposes, including subsidized treatment communications, and
- disclosures that constitute a sale of your protected health information.

You have the right to revoke such authorization, at any time, in writing for any future uses and disclosures except to the extent that Agendia or Agendia's business associates have taken an action in reliance on the use or disclosure indicated in your authorization.

### **Your Individual Rights and Choices**

You have certain rights under HIPAA with respect to your protected health information. In accordance



with the federal privacy rule, should you request access, restrictions, confidential communications, amendment of your records or an accounting of disclosures, Agendia is required to respond within 30 days of receiving your request. Agendia may notify you that within the first 30 days of receiving your request that an additional 30 days is necessary to respond to your request.

**Right to Access:** You (or your authorized representative) have the right to access and receive a copy of your protected health information that may be used to make decisions about your care or payment for your care. If we maintain the information you have requested in an electronic format you can ask for it to be provided to you electronically, and ask us to electronically send copies to another person. Requests for access to or copies of your protected health information must be submitted to Agendia's Customer Care Department in writing

**Right to Request Restrictions:** You have the right to request that we restrict or limit the use and/or disclosure of your protected health information for the purposes of treatment, payment, and health care operation activities. We will consider your request carefully, but we are not required to agree to your requested restrictions unless they are related to services which were paid for in full by you. Requests for restrictions should be directed to Agendia's Customer Care Department.

**Right to Confidential Communication:** You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. For example, you may ask that we use an alternative address for billing purposes. To request confidential communications, you must make your request in writing to Agendia's Customer Care department. We will accommodate all reasonable requests.

**Right to Amend:** You have the right to request an amendment of your protected health information. We will honor your request unless we are not the originator of the information, or we believe the information you request be amended is accurate and complete. Requests for amendments to medical records should be directed to Agendia's Customer Care Department.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of certain instances in which Agendia's disclosed your personal health information. This list will not include disclosures of protected health information such as those made for treatment, payment, health care operations, or disclosures made based on your written authorization. You can request a list including disclosures made up to six (6) years prior to the date of your request. Requests for an accounting of disclosures should be directed to Agendia's Customer Care Department.

**Right to Breach Notification:** It is the responsibility of Agendia to notify you within sixty (60) days if we (or one of our business associates) discover a breach of your unsecured protected health information. Notification will include any impact that the breach may have had on you and/or your family member(s) and actions Agendia undertook to minimize the impact of the breach.

**Right to a Copy of this Notice:** If you have received this Notice electronically, you have the right to receive a paper copy at any time. You may download a copy of this Notice from our website, or you may obtain a paper copy of the Notice by calling or writing Agendia's Customer Care Department.



**Complaints or Objections:** If you believe that your privacy rights have been violated by Agendia or disagree with our privacy practices, you may file a complaint. You may file a complaint with us by notifying our Compliance Department, or you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services (DHHS). 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 Compliance and Privacy Department.

#### **Contacts**

Agendia Customer Care  
22 Morgan  
Irvine, California 92618  
Toll free 888-321-2732  
Or 949-540-6300

Privacy Officer  
Agendia, Inc.  
22 Morgan  
Irvine, California 92618  
949-668-1150  
compliance@agendia.com

#### **Changes to this Notice**

Agendia reserves the right to change this Notice and to make the provisions in our new Notice effective for all protected health information we maintain. If we change these practices, we will publish a revised Notice on our website at <http://www.agendia.com>.

#### **Effective Date**

This notice was published and became effective on June 26, 2018 and was revised on November 10, 2021.