



NOTICE OF HEALTH INFORMATION 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.**

Agendia, Inc. ("Agendia"), a "covered entity" under Federal privacy laws, is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy and security of your protected health information ("PHI") and to provide you with a notice of Agendia's legal duties and privacy practices concerning PHI that Agendia may collect and maintain about you. This protection extends to any PHI, whether in oral, written, or electronic form. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your PHI to carry out treatment, payment, or healthcare operations and for other specified purposes that are permitted or required by law. Agendia, NV, our parent company located in the Netherlands and not a covered entity, also follows the relevant privacy practices outlined in this Notice.

Law requires Agendia to abide by the terms of this Notice. We will not use or disclose your PHI without your prior written authorization except as permitted or required by law and described in this Notice. Please note that, for purposes of this Notice, any references to "we" or "Agendia" include all business associates we may engage.

What PHI We Collect

We collect the minimal amount of information necessary for Agendia to provide our services to you and to obtain payment for those services. Information may include your name, address, telephone number, Social Security number, date of birth, medical history, diagnosis, treatment, provider identification, financial responsibility, health insurance coverage (including group numbers and member identification numbers), and payment information. Agendia will limit its uses, disclosures, or requests for your PHI to the "minimum necessary" to accomplish the intended purpose of such use, disclosure, or request, except as permitted by law.

Uses And Disclosures Without Your Authorization

HIPAA permits the use and disclosure of PHI without your authorization in specific circumstances. In cases where uses or disclosures are limited or restricted by state or other law, Agendia will follow the more restrictive law. Below is a description of the uses and disclosures permitted without your authorization.

Treatment: We may use or disclose PHI to provide and coordinate the treatment and services you receive. For example, we may use your PHI to request a biological sample for testing or to provide your test results to your physician or other authorized healthcare provider.

Health Care Operations: We may use or disclose PHI for healthcare operations purposes, such as evaluating the quality of testing and the accuracy of results, as well as for accreditation purposes. PHI may also be used or disclosed for administrative and management purposes, such as providing training to Agendia's staff, developing clinical guidelines, training healthcare and non-healthcare professionals, and for population-based activities related to protocol development, as well as to detect healthcare fraud and abuse or ensure compliance. We may also use your biological



samples that remain after testing for quality assurance, test validation, training, and similar purposes.

Payment: We may use or disclose PHI to bill and collect payment for our services. For example, Agendia may provide PHI to your health plan or insurer to determine eligibility and coverage, to receive payment, and to appeal any reimbursement denial.

Research: We may use and disclose your PHI for research purposes. We will obtain your written authorization before using or sharing your PHI with others for research purposes. However, under some circumstances, we may use and disclose your PHI without your written authorization if the research satisfies specific criteria:

- An institutional review board or privacy board, applying specific criteria, determines that the particular research poses no more than minimal risk to your privacy; or
- PHI is used only to determine whether you might qualify to participate in a research project; or
- PHI is used to prepare a future research project.

Business Associates: We may disclose your PHI to a third party ("business associate") whom we contract to perform or provide services to Agendia. For example, we may disclose information to a third party that conducts billing and collections, document destruction services, or software support. To protect your information, we require the business associate to enter into a Business Associate Agreement and a Data Protection Agreement (when applicable), which specifies how the business associate may use and disclose your PHI and must appropriately safeguard your information.

To Communicate With Individuals Involved In Your Care Or Payment For Your Care: We may disclose PHI to a family member, other relative, close personal friend, or any other individual you identify that is directly relevant to that person's involvement in your care or payment related to your care. We may disclose the relevant PHI to these persons if you do not object, or we can reasonably infer from the circumstances that you do not object to the disclosure. To the extent permitted under federal and state law, we may disclose the PHI of minors to their parents or legal guardians.

De-Identified Information And Biological Samples: We may use your PHI to create "de-identified" information. There are specific rules under the law regarding the type of information that must be removed before it is considered de-identified. Once the information has been de-identified as required by law, we may use it or share it with third parties for any purpose without any further notice or compensation to you unless prohibited from doing so by other law. Unless prohibited by local law or regulation, we may de-identify any leftover biological samples that remain after testing is completed and use or share them for any purpose without further notice or compensation.

Limited Data Set: We may disclose limited health information contained in a "limited data set" if the recipient enters into a legal contract agreeing to protect the information from unauthorized access. The limited data set does not contain information that directly identifies you. For example, a limited data set may include your city and zip code but not your name or street address.

Government Agencies: We may disclose PHI to certain government agencies for public health activities, health oversight activities, or as required by law. For example, we may disclose PHI to (1) the Secretary of Health and Human Services "HHS" for HIPAA compliance and enforcement purposes and (2) the Food and Drug Administration (FDA) for the quality, safety, or effectiveness of an FDA-regulated product or activity; (3) comply with Occupational Safety and Health Administration (OSHA) and similar workplace reporting



requirements (4) comply with laws related to worker's compensation or other similar programs (5) health oversight agencies for activities necessary for determining eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

Judicial And Administrative Proceedings: We may disclose your PHI during a judicial or administrative proceeding, including in response 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.

Correctional Institution: If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.

Uses And Disclosures That Require Your Authorization

Agendia will not use or disclose your PHI for purposes other than those referred to in this Notice without your written authorization. Examples include, but are not limited to:

- Use or disclosure of PHI for marketing purposes, including subsidized treatment communications and
- Disclosures that constitute a sale of your PHI.

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. To revoke your authorization, please submit your request to Agendia at the contact information listed below.

Fundraising

Agendia does not use PHI for fundraising purposes. We may contact you if Agendia conducts fundraising activities in the future; however, you will have the option to opt out of further contact at any time.

Security Of Your PHI

Agendia restricts access to PHI to only those employees, agents, or contractors of Agendia who require it to provide services to you or your healthcare provider(s) or obtain payment from those financially responsible for payment. Agendia maintains physical, technical, and procedural safeguards protecting PHI against unauthorized use and disclosure.

Your Rights Regarding Your PHI

You have specific rights under HIPAA regarding your protected health information.

Right To Access: You (or your authorized representative) have the right to access and receive a copy of your PHI used to make decisions about your care or payment for your care. You can forward requests to Agendia's Customer Care Department in writing (customer care@agendia.com).

We may deny your request to inspect and copy if (a) the PHI being requested was compiled in reasonable anticipation of a civil, criminal, or administrative action (e.g., lawsuits and similar proceedings); (b) the information was collected during the course of the research, and to which you previously consented to non-access during the term of the research; (c) the information is contained in



records that are subject to the provisions of the federal Privacy Act; or (d) the information was obtained from another individual or entity (not a health care provider) under the promise of confidentiality, and allowing access would be reasonably likely to reveal the source of information. In the event you are denied access to your PHI, you will receive a written denial and information on how to review your denial.

Right To Request Restrictions: You have the right to request additional restrictions on how we use or disclose your PHI for treatment, payment, healthcare operations, and communications to those involved in your care. Unless otherwise instructed by federal or state law, we are not obligated to agree to any restriction you may request, except if (a) the use of disclosure is to carry out payment or health care operations and is not otherwise required by law and (b) the PHI pertains solely to health care item or service for which you (or individual other than the health plan on your behalf) has paid Agendia in full. If we agree to a restriction, we will abide by it, except in emergencies when disclosure is necessary for treatment. All requests for restrictions on the use or disclosure of your PHI must be submitted in writing to Agendia at the contact information listed below. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event we have terminated an agreed-to restriction, we will notify you of such termination.

Right To Confidential Communication: You have the right to request that we communicate with you about healthcare matters in a manner that respects your confidentiality or at a location of your choice. For example, you may request that we use an alternative address for billing purposes. To request confidential communications, please submit your request in writing to Agendia at the contact information listed below. We will accommodate all reasonable requests.

Right To Amend: You have the right to request an amendment of your PHI. In some instances, we may deny your request for an amendment for various reasons, including if we did not create the information or if we believe the current information is accurate and complete. Agendia will notify you in writing if your request is denied. You have the right to submit a written statement disagreeing with the denial, which, at your request, may be appended or linked to the PHI in question. If your request is approved, please note that Agendia will not remove the original information. Please submit your request in writing to Agendia at the contact information listed below.

Right To An Accounting Of Disclosures: You have the right to request an accounting of instances in which Agendia disclosed your personal health information. This list will not include disclosures of PHI, such as those made for treatment, payment, healthcare operations, or disclosures made based on your written authorization. You can request a list that includes disclosures made up to six (6) years before the date of your request. Please submit your request in writing to Agendia at the contact information listed below.

Right To Breach Notification: It is Agendia's responsibility to notify you if there is a breach of your unsecured PHI, except in instances where we determine that there is a low probability that the PHI has been compromised. After learning of such a breach, we must provide notice to you without unreasonable delay and in no event later than sixty (60) calendar days after Agendia discovers the breach unless a law enforcement official requires us to delay the breach notification.

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 contacting Agendia at the contact information listed below.

Exercising Your Rights

To exercise any of your rights described in this Notice or revoke your authorization, please send a written request to compliance@agendia.com or Agendia, Inc., Attn: Compliance Dept 22 Morgan, Irvine, California 92618.

Inquiries, Complaints Or Objections

If you have any inquiries, believe that we have violated your privacy rights, or disagree with our privacy practices, you may notify our Compliance Department or send a written complaint to the Secretary of the U.S. Department of Health and Human Services (DHHS) or the applicable Data Protection Authority. Filing a complaint will not affect your rights to your personal data or services provided by Agendia. We will not retaliate against you if you file a complaint about our privacy practices.

Agendia Inc.

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

U.S.-Based Individuals

Office for Civil Rights
The U.S. Department of Health
and Human Services
200 Independence Avenue,
S.W.
Washington, DC 20201
By Telephone: 202.619.0257 or
toll free at: 877.696.6775

EU/European Economic Area/United Kingdom

For individuals residing in the
EU, EEA, or UK, you may
contact your relevant
Supervisory Authority.

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 June 27, 2025.