



Notice of Privacy Practices

Policy owner: Compliance	Policy contact: Chief Compliance Officer	Document #: IDX
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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.

This Notice applies to Inform Diagnostics, Inc., Miraca Life Sciences, Inc., Aloha Laboratories, Inc., Catalina Skin Institute, LLC, Lakewood Pathology Associates, Inc. d/b/a Miraca Life Sciences, and Cohen Dermatopathology, P.C., d/b/a Miraca Life Sciences (collectively "Inform Diagnostics").

Inform Diagnostics has specific duties regarding your medical information. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Maintain the privacy of your medical information and take reasonable steps to protect medical information that identifies you from unauthorized disclosure
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of our notice that is currently in effect
- Notify you following a breach of your unsecured medical information

HOW MLS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment: Inform Diagnostics may provide medical information about you to your other health care professionals and entities that are treating you. For example, we may send your laboratory test results to a physician who is treating you and ordered the test.

For Payment: Inform Diagnostics may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may send a claim to an insurance company that identifies you and the procedures you received from us. Your diagnosis may also be disclosed.

For Health Care Operations: Inform Diagnostics may use and disclose medical information about you for operational reasons. These uses and disclosures are necessary for us to make

sure that all of our patients receive quality care. For example, we may use medical information to assess the quality of our services and to evaluate the performance of our staff.

As Required By Law: Inform Diagnostics will disclose medical information about you when required to do so by federal, state, or local law. Special situations that would fall under this category include but are not limited to:

- Public health risks
- Court orders, including lawsuits and disputes in which you are involved
- Law enforcement duties

To Avert a Serious Threat to Health or Safety: We may use and disclose medical 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, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Victims of Abuse or Neglect: We may disclose your health information to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you. In such cases, we will promptly inform you that a report has been or will be made unless there is reason to believe that providing this information will place you in serious harm.

Government Functions: Inform Diagnostics may disclose your health information to protect public officials as directed by law or as required by military command authorities.

Workers' Compensation: Inform Diagnostics may release medical information about you for workers' compensation or similar programs.

Decedents: Inform Diagnostics may release medical information to a coroner, medical examiner, or funeral director as necessary to carry out their duties.

Health Oversight Activities: Inform Diagnostics may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, licensure and disciplinary actions.

Research: Inform Diagnostics may disclose your medical information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Business Associates: Inform Diagnostics may provide medical information to other companies or individuals to assist us in providing services involving the use or disclosure of medical information. These other entities, known as "business associates" are required to maintain the privacy and security of medical information. As of February 17, 2010, business associates have independent HIPAA compliance obligations.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. We must obtain your written permission for any use or disclosure of psychotherapy notes (to the extent Inform Diagnostics acquires psychotherapy notes), the use or disclosure of your medical information for marketing purposes, disclosures that constitute the sale of your medical information, and other uses and disclosures not described in this notice. If Inform Diagnostics sends fundraising communications to you, we must inform you of this intent and your right to opt out of receiving such communications. If you provide us permission to use or disclose medical 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 medical information about you for the reasons covered by your written authorization. Upon receipt of the written revocation, we will stop using or disclosing your medical information. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health operations. Except as described in this section, we are not required to agree to your request. We must agree to your request if the disclosure has been made to a health plan for the purpose of payment or health care operations and the disclosure relates to an expense for which you have paid out of pocket. We are required to notify you if we fail to approve a restriction request. To request restrictions, you must send a written request to our Corporate Compliance Officer at the address listed below.

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.

Right to Inspect and Copy: You have the right to inspect and copy medical information contained in our medical and billing records for as long as we maintain the information. To read or copy your medical information, you must send a written request to our Corporate Compliance Officer at the address listed below. If you request a copy of the information, we may charge you a fee for the costs of the copying, mailing, or other supplies that are necessary to grant your request.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information.

Right to Accounting of Disclosures: You have the right to request a list of the disclosures we have made of medical information about you.

Right to a Paper Copy of This Notice: We will provide a paper copy of this notice upon request.

WE RESERVE THE RIGHT TO CHANGE THIS NOTICE

We reserve the right to change the terms of this notice and to make the revised notice effective for medical 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 on our website at www.InformDiagnostics.com and will provide you with a copy of the revised notice upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Inform Diagnostics Corporate Compliance Officer or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

CONTACT INFORMATION FOR THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Toll-free: (800) 368-1019
TDD toll-free: (800) 537-7697
Email: OCRMail@hhs.gov

CONTACT INFORMATION FOR INFORM DIAGNOSTICS:

Inform Diagnostics, Inc.
Dana Simonds, Chief Compliance & Ethics Officer
6655 N MacArthur Blvd
Irving, TX 75039

Main: (214) 277-8700
Toll-free: (800) 979-8292

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