

NOTICE OF PRIVACY PRACTICES

Effective date of this notice: 01/31/17

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 any information in our possession that would allow someone to identify you and learn something about your health. It does not apply to information that contains nothing that could reasonably be used to identify you. This notice applies to services you receive in CoreMedica's facility.

Summary

When receiving services from Coremedica Laboratories Inc. ("CML"), you and or your designated healthcare professional could provide us with certain personal information about your health, with the understanding that this information will be kept confidential. CML may also obtain information about your health from examinations, tests, or from others who have provided you with care. This notice of our privacy practices is intended to inform you of the ways CML may use your information and the occasions on which we may disclose this information to others. CML uses individuals' information when providing services, we disclose individuals' information to other health care providers to assist them to provide you with services, we may disclose information to insurance companies as necessary to receive payment, we may use the information within our organization to evaluate quality and improve health care operations, and we may make other uses and disclosures of individuals' information as required by law or as permitted by CoreMedica's internal policies.

Who Must Abide by This Notice

All employees, staff, and other personnel whose work is under the direct control of CML.

The people and organizations to which this notice applies (referred to as "CML", "we," "our," and "us") have agreed to abide by its terms. CML may share your information with each other for purposes of provisions of services, and as necessary for payment and operations activities as described below.

Our Legal Duties

CoreMedica Laboratories Inc is required by law to maintain the privacy of your health information. CML is required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it and to abide by the terms of this notice until we officially adopt a new notice.

How We May Use or Disclose Your Health Information.

CoreMedica Laboratories Inc. may use your health information, or disclose it to others, for different reasons. This notice describes these reasons with a written a brief explanation. This does not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the instances below.

1. Services. CML will use your health information to provide you with laboratory services for which our employees, staff, and others whose work is under our direct control, may read your health information in order to provide those laboratory services. CML may also disclose your information to others who need it in order to provide you with services.

2. Payment. CML may use your health information, and disclose it to others, as necessary to obtain payment for the services we provide to you. CML may also disclose some of your health information to companies with whom we contract for payment-related services. CML will not use or disclose more information for payment purposes than is contractually necessary.

3. Internal Operations. CML may use your health information for activities that are necessary for our operation. This may include the reading your health information to review the performance of our staff and for organization planning for future services we will provide, expand, or reduce. CML may disclose your health information as necessary to others who we contract with to provide administrative services. This may include our contracted lawyers, auditors, accreditation services, and consultants. Your health information may be disclosed as part of the CML employee health benefit program for the administration of the health benefit program. Employees who receive this information have special rules to prevent the misuse of your information for other purposes.

4. Legal Requirement to Disclose Information. CML will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. CML will also disclose your health information when we are required to do so by a court order or other judicial or administrative process.

5. Public Health Activities. CML will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease. CML may disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. This disclosure shall only be made to someone who is able to prevent or reduce the threat.

6. Law Enforcement. CML may disclose your health information for law enforcement purposes to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. CML must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations.

7. Specialized Purposes. CML may disclose the health information of members of the armed forces as authorized by military command authorities. CML may disclose your health information for a number of other specialized purposes. However, CML will only disclose as much information as is necessary for the intended purpose such as to coroners, medical examiners and funeral directors and for national security, intelligence, and protection of the president. CML may also disclose certain health information about an inmate to a correctional institution or to law enforcement officials in order to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution. CML may also disclose your health information to your employer for purposes of workers' compensation and work site safety laws (OSHA, for instance).

8. Family and Friends. CML may disclose your health information to a member of your family or to someone else who is involved in your medical care or payment for care. In the event of a disaster, CML may provide information about you to a disaster relief organization so they can notify your family of your condition and location. CML will not disclose your information to family or friends upon your objection.

9. Research. CML may disclose your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.

Your Rights

1. Authorization. CML may use or disclose your health information for any purpose that is listed in this notice without your written authorization. CML will not use or disclose your health information for any other reason without your authorization. If you authorize CML to use or disclose your health information, you have the right to revoke the authorization at any time. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other law may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization. Please refer to "Privacy Contact" for information about how to authorize us to use or disclose your health information, or about how to revoke an authorization at the end of this notice.

2. Request Restrictions. You have the right to ask us to restrict how we use or disclose your health information. CML will consider your request. If CML does agree, CML will comply with the request unless the information is needed to provide you with emergency treatment. CML cannot agree to restrict disclosures that are required by law. You have the right to request information not be provided to your health plan if you have paid for services in full.

3. Confidential Communication. You have the right to ask CML to communicate with you at a special address or by a special means. CML will not ask you to explain why you are making the request and will agree to any reasonable request.

4. Inspect And Receive a Copy of Health Information. You have a right to receive a copy and inspect the health information about you that we have in our records. This right is limited to information about you that is kept in records that are used to make decisions about you. If you want to review or receive a copy of these records, you must make the request in writing. Please refer to "Privacy Contact" for information or to request a copy at the end of this notice. CML will respond to your request within 30 days. CML may deny you access to certain information. If so, CML will provide the reason, in writing and also explain how you may appeal our decision.

5. Amend Health Information. You have the right to ask CML to amend any health information for which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. CML will respond to your request in writing within 30 days. CML may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.

6. Information Disclosure(s). You have a right to receive an accounting of certain disclosures of your information to others. CML will provide the list the times we have given your health information to others to include, dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. CML will provide the first list of disclosures you request at no charge. CML may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover. You may not request a time period longer than six years. CML cannot include disclosures made before August 1, 2015. Certain disclosures will not be included for the following reasons: disclosures for services, payment, or health care operations; disclosures for national security purposes; disclosures to correctional or law enforcement personnel; disclosures that you have authorized; and disclosures made directly to you.

7. Paper Copy of this Privacy Notice. You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under "Privacy Contact" at the end of this notice.

8. Complaints. You have a right to complain about our privacy practices if you think your privacy has been violated. You may file your complaint with the person listed under "Privacy Contact" at the end of this notice. You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

Our Right to Change This Notice

CML reserves the right to change our privacy practices, as described in this notice, at any time. CML reserves the right to apply these changes to any health information which we already have, as well as to health information we receive in the future. Before CML makes any change in the privacy practices described in this notice, we will write a new notice that includes the

change and post the new notice at www.coremedicalabs.com/privacy. The new notice will include the new effective date.

Privacy Contact

Contact the person listed below for information about this notice, about our privacy policies, if you want to exercise any of your rights, or to request a copy of our current notice of privacy practices.

Privacy Officer

CoreMedica Laboratories Inc.

200 NE Missouri Road #304

Lees Summit, MO 64086

816-600-2635

privacy@coremedicalabs.com

This notice is also available by e-mail. Contact the person named above or send an e-mail to:

privacy@coremedicalabs.com. This notice is also available on our website:

<https://www.coremedicalabs.com>