



NOTICE OF PRIVACY POLICY

Effective February 2021

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

The following is the privacy policy ("Privacy Policy") of **Taustin Laboratories, LLC d/b/a Assurance Scientific Laboratories** ("Covered Entity") as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. HIPAA requires Covered Entity by law to maintain the privacy of your personal health information and to provide you with notice of Covered Entity's legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice unless (and until) it is revised.

Your Personal Health Information

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information.

Uses Or Disclosures Of Your Personal Health Information

Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms that permission. The following are the circumstances under which we are permitted by law to use or disclose your personal health information.

Without Your Consent For Treatment, Payment, Or Healthcare Operations

Without your consent, we may use or disclose your personal health information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose your personal health information within and among our workforce in order to accomplish these same purposes. However, even with your permission, we are still required to limit such uses or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

Examples of treatment activities include: (A) the provision, coordination, or management of health care and related services by health care providers; (B) consultation between health care providers relating to a patient; or (C) the referral of a patient for health care from one health care provider to another.

Examples of payment activities include: (A) billing and collection activities and related data processing; (B) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication

or subrogation of health benefit claims; (C) medical necessity and appropriateness of care reviews, utilization review activities; and (D) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

Examples of health care operations include: (A) development of clinical guidelines; (B) contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; (C) reviewing the qualifications of and training health care professionals; (D) underwriting and premium rating; (E) medical review, legal services, and auditing functions; and (F) general administrative activities such as customer service and data analysis.

As Required By Law

We may use or disclose your personal health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. For example, reporting abuse, neglect, or domestic violence, in response to judicial and administrative proceedings, or in response to a request from the Secretary of the Department of Health and Human Services.

Without Your Consent For Other Purposes

We are also permitted to use or disclose your personal health information without your consent for the following purposes: (A) public health activities including, preventing or controlling disease or other injury, public health surveillance or investigations, reporting adverse events with respect to food or dietary supplements or product defects or problems to the Food and Drug Administration, medical surveillance of the workplace or to evaluate whether the individual has a work-related illness or injury in order to comply with Federal or state law; (B) disclosures regarding victims of abuse, neglect, or domestic violence including, reporting to social service or protective services agencies; (C) health oversight activities including, audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs; (D) judicial and administrative proceedings in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process; (E) law enforcement purposes for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting a death; (F) disclosures about decedents to a coroner, medical examiner, or funeral director or for purposes of cadaveric donation of organs, eyes or tissue; (G) for research purposes under certain conditions; (H) to avert a serious threat to health or safety; (I) military and veterans activities; (J) national security and intelligence activities, protective services of the President and others; (K) medical suitability determinations by entities that are components of the Department of State; (L) correctional institutions and other law enforcement custodial situations; (M) covered entities that are government programs providing public benefits, and for workers' compensation.

In addition, we may contact you to provide appointment or refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact you to raise funds for Covered Entity, however, you will have the right to opt out of such fundraising communications with each solicitation, and we will make reasonable efforts to ensure that if you opt out, you are not sent future fundraising communications. We may use or disclose your personal health information to make a marketing communication to you that occurs in a face to face encounter with

us or which concerns a promotional gift of nominal value. We may disclose your personal health information to business associates who provide services to us pursuant to a written agreement that contains terms regarding the protection and confidentiality of your personal health information.

In addition to the reasons outlined above, we may use and disclose your personal health information for other purposes permitted by applicable law.

Upon Your Opportunity To Verbally Agree Or Object

Under applicable law, we are permitted to use and disclose your personal health information: (a) for the creation of facility directories, (b) to disaster relief agencies, and (c) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency circumstances, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your personal health information.

All Other Situations With Your Specific Authorization

Except as otherwise permitted or required, as described above, we may not use or disclose your personal health information without your written authorization. The following uses and disclosures will be made only with your authorization: (A) most uses and disclosures of psychotherapy notes (if recorded); (B) uses and disclosures of protected health information for certain marketing purposes, including subsidized treatment communications; (C) disclosures that constitute a sale of protected health information; and (D) other uses and disclosures not described in this Privacy Policy. Further, we are required to use or disclose your personal health information consistent with the terms of your authorization. You may revoke your authorization to use or disclose any personal health information at any time, except to the extent that we have taken action in reliance on such authorization, if you provided the authorization as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy, or where the information was obtained as part of a research study and is necessary to maintain the integrity of the study.

Your Rights With Respect To Your Personal Health Information

Under HIPAA, you have certain rights with respect to your personal health information. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

Right To Request Restrictions On Use Or Disclosure

You have the right to request restrictions on certain uses and disclosures of your personal health information about yourself. While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your personal healthcare information in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law. If you have paid for services out-of-pocket, in full, you may request that we not disclose your protected health information related solely to those

services to a health plan and we must agree to such restriction. Such request must be made in writing, and the request should include: (A) the information to be restricted; (B) the type of restriction being requested (i.e. on the use of information, the disclosure of information, or both); and (C) to whom the limits should apply. All requests for restrictions shall be sent to **Assurance Scientific Laboratories, LLC, 2868 Acton Road, Suite 207, Birmingham, Alabama 35243.**

Right To Receive Confidential Communications

You have the right to receive confidential communications of your personal health information. We may require written requests. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact. We may require that a request contain a statement that disclosure of all or a part of the information to which the request pertains could endanger you. We may not require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. We must permit you to request and must accommodate reasonable requests by you to receive communications of personal health information from us by alternative means or at alternative locations.

Right To Inspect And Copy Your Personal Health Information

Your designated record set is a group of records we maintain that includes medical records and billing records about you, or enrollment, payment, claims adjudication, and case or medical management records systems, as applicable. You have the right of access in order to inspect and obtain a copy your personal health information contained in your designated record set, except for (A) psychotherapy notes, (B) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (C) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We may require written requests. You may also require that we transmit a copy of such personal health information to a designated third-party, provided the designation is clear, specific, and contained in a writing signed by you. We must provide you with access to your personal health information in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or such other form or format. We may provide you with a summary of the personal health information requested, in lieu of providing access to the personal health information or may provide an explanation of the personal health information to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. We will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of your personal health information or mailing a copy to you at your request. We will discuss the scope, format, and other aspects of your request for access as necessary to facilitate timely access. If you request a copy of your personal health information or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, supplies, postage (if you request a mailing), and the costs of preparing an explanation or summary as agreed upon in advance. We reserve the right to deny you access to and copies of certain personal health information as permitted or required by law. We will reasonably attempt to accommodate any request for personal health information by, to the extent possible, giving you access to other personal health information after excluding the information as to which we have a ground to deny access. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us. If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

45032043 v2

Right To Amend Your Personal Health Information

You have the right to request that we amend your personal health information or a record about you contained in your designated record set, for as long as the designated record set is maintained by us. We have the right to deny your request for amendment, if: (A) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (B) the information is not part of your designated record set maintained by us, (C) the information is prohibited from inspection by law, or (D) the information is accurate and complete. We may require that you submit written requests and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services (“DHHS”). This denial will also include a notice that if you do not submit a statement of disagreement, you may request that we include your request for amendment and the denial with any future disclosures of your personal health information that is the subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received personal health information of yours prior to amendment and persons that we know have the personal health information that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to your detriment. All requests for amendment shall be sent to **Assurance Scientific Laboratories, LLC, 2868 Acton Road, Suite 207, Birmingham, Alabama 35243**.

Right To Receive An Accounting Of Disclosures Of Your Personal Health Information

You have the right to receive a written accounting of all disclosures of your personal health information that we have made. You may request an accounting of disclosures for a period of time up to six (6) years from the date of the request for information stored in paper form and three (3) years from the date of the request for information in electronic form. Such disclosures will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure or, in lieu of such statement, a copy of your written authorization or written request for disclosure pertaining to such information. We are not required to provide accountings of disclosures for the following purposes: (A) treatment, payment, and healthcare operations (if in paper form), (B) disclosures pursuant to your authorization, (C) disclosures to you, (D) for a facility directory or to persons involved in your care, (E) for national security or intelligence purposes, (F) to correctional institutions, (G) incidental disclosures, (H) disclosures that are part of a Limited Data Set, and (I) with respect to disclosures occurring prior to 4/14/03. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same time (12) month

period. All requests for an accounting shall be sent to **Assurance Scientific Laboratories, LLC, 2868 Acton Road, Suite 207, Birmingham, Alabama 35243.**

Right To Receive Written Notification Of A Breach Of Your Unsecured Personal Health Information

You have the right to receive written notification of a breach of your unsecured personal health information if it has been accessed, used, acquired, or disclosed in a manner not permitted by the Privacy Rules. We will provide this notification by first-class mail, or, if necessary, by such other substituted forms of communication allowable by law or you may request in writing to receive a notification of a breach by electronic mail.

Complaints

You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically to our Privacy Officer at **855.319.4459** or privacyofficer@assurancescientific.com. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

Amendments to this Privacy Policy

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to this Privacy Policy, or changes in the law affecting this Privacy Notice, by mail or electronically.

On-going Access to Privacy Policy

We will provide you with a copy of the most recent version of this Privacy Policy at any time upon your written request sent to **Assurance Scientific Laboratories, LLC** or at the following email address: privacyofficer@assurancescientific.com. You have the right to obtain a paper copy of this Privacy Policy from us upon your written request, even if you have agreed to receive the Privacy Policy electronically. For any other requests or for further information regarding the privacy of your personal health information, and for information regarding the filing of a complaint with us, please contact our Privacy Officer at the address, telephone number, or e-mail address listed above.