



NOTICE OF PRIVACY PRACTICES

Introduction

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.

If you have questions, contact the Ascend Clinical Compliance Officer at 650-780-5657.

Your Rights

With respect to your medical information, you have the right to:

1. Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee.

2. Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

3. Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

4. Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

5. Get a list of those with whom we've shared information

- You can ask for a list (accounting) dating back up to six years of (1) the times we've shared your health information, (2) who we shared it with, and (3) why it was shared.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. We'll provide one accounting a year at no cost. A fee will be charged for any additional requests made within 12 months.



NOTICE OF PRIVACY PRACTICES

6. Get a copy of this privacy notice

- You can request and receive a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

7. Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will ensure the person has this authority and can act for you prior to any action being taken.

8. File a complaint if you feel your rights are violated

- You can if you think we may have violated your rights. Use the information at the end of this *Notice of Privacy Practices*.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
- You will not be retaliated against for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information, if we believe it is in your best interest. We may also share your information, when needed, to lessen a serious and imminent threat to health or safety.

1. In the following cases, you have both the right and choice to tell us to

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Contact you for fundraising efforts.

2. We never share your information, unless you give us written permission, for

- Marketing purposes.
- Sale of your information.
- Sharing of psychotherapy notes.

3. Fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again. We must respect your request.



NOTICE OF PRIVACY PRACTICES

Our Uses and Disclosures

Ascend Clinical will typically use or share your health information in the following ways:

1. To provide treatment

- Ascend provides laboratory services to your primary provider.
- Specifically, we provide the test results (your health information) to your provider.

2. To bill for your treatment

- We can use and share your health information to bill and get payment from health plans or other entities.
- For example, we give information about you to your health insurance plan so it will pay for your services.

3. To run our organization

- We can use and share your health information to run our healthcare operations.
- For example, we use your test results to validate the accuracy of our testing equipment.

Other Ways We Use or Share Your Health Information

Ascend is allowed or required to share your information in other ways – usually in ways that contribute to the public health or safety. We have to meet many conditions in the law before we can share your information for these purposes. For more information, refer to

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

1. Help with public health and safety issues

- We can share health information about you for certain situations, such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; preventing or reducing a serious threat to anyone's health or safety.

2. Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services.
- We will comply with any subpoenas.

3. Address workers' compensation, law enforcement, and other government requests

- We can use or share health information in the following circumstances: for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; for special government functions such as military, national security, and presidential protective services.

4. Respond to lawsuits and legal actions:

We can share health information about you in response to a court or administrative order, or in response to a subpoena.



NOTICE OF PRIVACY PRACTICES

Our Responsibilities

1. We are required by law to maintain the privacy and security of your PHI.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
3. We must follow the duties and privacy practices described in this notice and give you a copy when requested.
4. We will not use or share your information other than as described here, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information or to report a problem:

If you have questions about our ***Notice of Privacy Practices*** or would like a paper copy of it, please contact our Compliance Officer at the address below, or by calling 650.780.5657, or emailing compliance@ascendclinical.com.

If you believe that your privacy rights have been violated, you may file a complaint, in writing, with Ascend Clinical. The written complaint should be sent to:

Ascend Clinical
Attn: Compliance Officer
1400 Industrial Way
Redwood City, CA 94063

Additional information can be found at:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you.