

## NOTICE OF PRIVACY PRACTICES

### 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.

µBiome is committed to protecting the privacy of your health information, laboratory test orders, and laboratory test results, and other personal information that we collect, create, or disclose as a result of providing clinical reference laboratory testing services.

#### OUR RESPONSIBILITY

We are required by federal law to maintain the privacy of your individually identifiable health information (known as "Protected Health Information" or "PHI") and to provide you with notice of our legal duties and privacy practices with respect to your PHI. This protection extends to any PHI whether in oral, written, or electronic format. µBiome is required by law to abide by the terms of this Notice of Privacy Practices (this "Notice") currently in effect. Your other health care provider(s) may have different policies regarding the use and disclosure of your PHI created by and maintained by them.

µBiome is committed to obtaining, maintaining, using, and disclosing PHI in a manner that protects patient privacy in compliance with all applicable local, state, and federal laws and regulations. We strongly urge you to read this Notice carefully and thoroughly so that you will understand our commitment to protecting the privacy of your PHI, your rights over your PHI, and how you can participate in the protection of this information.

#### YOUR PHI AT µBIOME

µBiome collects your PHI to the extent necessary to provide services and to obtain payment for these services. This PHI may include your name, address, telephone number, social security number, date of birth, medical history, tests ordered, diagnosis, provider identification, financial responsibility, etc. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

**How µBiome May Use and Disclose Your Protected Health Information:** The following categories detail the various ways in which we may use or disclose your PHI. While we cannot list every possible use or disclosure, all of the ways we use or disclose your PHI will fall into one of the following categories.

**Treatment:** We use your PHI to provide your medical care, and we disclose PHI to our employees and others who are involved in providing the medical care you need. As a health care provider that provides laboratory testing for patients as requested by physicians, we use your PHI as part of our testing processes, and we disclose your PHI to physicians or other authorized health care professionals (e.g., your nurses) who need access to your laboratory results to treat you. We may also disclose your PHI to another testing laboratory if we are unable to perform the testing ourselves and as such need to refer your specimen to that laboratory to perform the requested testing.

**Payment:** We may use and disclose your PHI so that the testing services you receive at  $\mu$ Biome may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may use a third party billing company or we may send your name, date of service, test performed, diagnosis code, and other information to your third party payor so such third party payor will provide us with payment for the services provided.

**Health Care Operations:** We may use and disclose your PHI for activities necessary to support and continually improve the quality and effectiveness of the testing services that  $\mu$ Biome provides. For example, we may use your Protected Health Information to monitor the quality of our testing services, establish reference ranges for our tests, and review the competence and qualifications of our laboratory professionals. We may also disclose your PHI to other health care providers or payors for their health care operations, but only if they already have a relationship with you or us and the purpose is for quality assurance activities, peer review activities, detecting fraud, or for other legitimate purposes.

**Business Associates:** We may disclose your PHI to other companies or individuals, known as "Business Associates," who provide services to us under a written contract that contains terms requiring them to protect the confidentiality of your PHI. For example, we may use a company to perform billing services on our behalf, and federal law requires Business Associates to protect the privacy and security of your PHI and notify us of any improper disclosure or breach to your PHI.

**Research:** We may use and disclose your PHI for research purposes, as authorized by you. All research projects at  $\mu$ Biome are subject to review by a committee responsible for ensuring the protection of individual research subjects, appropriate patient authorization, and an adequate plan to safeguard PHI. In preparation for research, we may review limited PHI to draft research protocols, to identify prospective research participants, or for similar purposes provided the information is not removed from our premises.

**Persons Involved in Your Care:** We may disclose your PHI to individuals, such as family members, relatives, personal friends, or others who are involved with your care or who help pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this PHI in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, we will use our best judgment in communications with your family and others. To the extent permitted under federal and state law, we may disclose PHI of minors to their parents or legal guardians.

**Other Uses and Disclosures:** We are permitted or required by law to make certain other uses and disclosures of your PHI without your consent or authorization. Subject to conditions specified by law, we may release your PHI:

- for any purpose required by law
- for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigation

- to certain governmental agencies if we suspect child abuse or neglect; we may also release your PHI to certain governmental agencies if we believe you to be a victim of abuse, neglect, or domestic violence
- to entities regulated by the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls
- to your employer when we have provided health care to you at the request of your employer for purposes related to occupational health and safety (in most cases you will receive notice that information is disclosed to your employer)
- if required by law to a government oversight agency conducting audits, investigations, inspections, and related oversight functions and in emergency circumstances, such as to prevent a serious and imminent threat to a person or the public
- if required to do so by a court or administrative order, subpoena, or discovery request (in most cases you will have notice of such release)
- to law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime, or for other allowable law enforcement purposes
- to coroners or medical examiners for the purpose of identifying a deceased person, determining cause of death, or another purpose authorized by law and to funeral directors as necessary to carry out their duties with respect to the deceased to the extent consistent with applicable law
- if necessary to arrange an organ or tissue donation from you or a transplant for you
- if you are a member of the military for activities set out by certain military command authorities required by armed forces services
- if necessary for national security, intelligence, or protective services activities
- for purposes related to your workers' compensation benefits
- to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law
- to your family members or friends if we obtain your verbal agreement or if we can infer from the circumstances, based on our professional judgment that you would not object
- to your authorized personal representative, such as a lawyer, administrator, executor or other authorized person responsible you or your estate
- to contact you about other uBiome products and services which we believe may be of interest to you
- in the event µBiome is sold or merged with another organization, your PHI will become the property of the new owner.

## **AUTHORIZATION REQUIRED FOR OTHER USES**

µBiome must receive your written authorization prior to disclosing your PHI in any manner that is not set forth and described above. We do not intend to sell PHI. If we choose to use and disclose PHI for marketing purposes, your authorization is specifically required. If you would like to authorize us to disclose your PHI in a manner that is not set forth above, please provide a written authorization to our Privacy Officer at the contact information below. Such written authorization must include the following information: name, address, telephone number and patient identification number or Social Security number. You may revoke this written authorization at any time by notifying our Privacy Officer in writing. Such revocation shall contain the same information as is required to be provided in the written authorization. In the alternative,

you may contact our Privacy Officer to request a written authorization form or revocation of written authorization form.

## **YOUR RIGHTS REGARDING PHI**

You have the following rights regarding PHI we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as medical and billing records. You must submit a written request to the Privacy Officer in order to inspect and/or copy records of your health information.

**Right to Amend:** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request a correction or amendment as long as the information is kept by μBiome. To request an amendment, complete and submit a written request to the Privacy Officer, and state the reasons for the amendment/correction request. We are allowed to deny the request for various reasons, including if μBiome did not create the information for which an amendment is required or if we believe the current information is accurate and complete. If we deny your amendment request, we will inform you in writing of this denial and explain the process involved to exercise your right to submit a written statement of disagreement.

**Right to an Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures made by us or our business associates of your PHI. This accounting will include only those disclosures made in the six years prior to the date on which the accounting is requested. This accounting will not include any disclosures to you or your authorized representatives; disclosures related to treatment, payment, or health care operations; disclosures authorized by you; and certain other excluded disclosures. Requests must be made in writing and signed by you or your designated representative. The first accounting in any 12 month period shall be without charge, but we may assess a reasonable cost-based fee in connection with additional requests by you within the same 12-month period.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you. For example, you may request that we do not share your PHI with a certain family member. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate. However, if you pay in full for a health care service out-of-pocket, you can ask us not to share that payment information with your health insurer. We will say “yes” unless a law requires us to share that information. 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 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. For example, you may request that we direct all correspondence to your attention at a family member’s address, that we contact you at work rather than home, or that we contact you by mail instead of telephone. You must make your request in writing, and we will make an effort to accommodate reasonable requests.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. To obtain such a copy, contact our Privacy Officer.

**Fundraising:** µBiome does not currently use protected health information (PHI) for fundraising purposes. If µBiome performs fundraising activities at some future time, you may be contacted, but you would have the option to tell us not to contact you again.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. You are entitled to a copy of the notice currently in effect. We will promptly post any changes on our website under our **NOTICE OF PRIVACY PRACTICES**.

### **BREACH OF HEALTH INFORMATION**

We will inform you if there is a breach of your PHI, unless there is a demonstration, based on a risk assessment, that there is a “low probability” that the PHI has been compromised.

### **COMPLAINTS**

If you believe your privacy rights have been violated, please let us know immediately by contacting our HIPAA Privacy Officer at (760) 268-6200. Please make sure to include sufficient information for us to identify you and a brief description of the circumstances surrounding the violation. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by contacting:

The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.,  
Washington, D.C. 20201  
Telephone: (202) 619-0257  
Toll Free: 1-877-696-6775

µBiome will not take retaliatory action against you and you will not be penalized in any way if you choose to file a complaint.

### **CONTACT INFORMATION**

Attn: Privacy Officer  
µBiome  
360 Langton St Ste 301, San Francisco, CA 94103  
privacy@ubiome.com

Please include sufficient information for us to identify all of your records, such as your name, address, and a telephone number where we can contact you. µBiome will consider your request and provide you a response within a reasonable timeframe.

Effective: October 2016

