

**242 Howard Ave
Holland Michigan 49424
855-875-2532**

Privacy Officer: Nicole Kelsey

Notice of Privacy Practices As Required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

Your medical information is personal and Trident Labs LLC (TL) is committed to protecting your privacy. This Notice describes how we may use or disclose to your protected health information and what your rights are regarding your protected health information. "Protected health information" means any of your written and oral health information, including demographic data that can be used to identify you. TL will abide by and act in accordance with the terms of this Notice. If you have any questions, please contact the TL Privacy Officer at 855.875.2532. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for all of your protected health information that TL has created or maintained and for any generated in the future. TL will post a copy of our current Notice on our website and you may request a paper copy of our most current Notice at any time.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the ways in which we may use and disclose your protected health information. TL may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless TL has obtained your authorization or the use or disclosure is otherwise permitted or required by the HIPAA Privacy Regulations, the Clinical Laboratory Improvement Act (CLIA) or State law. For clarification, we have included some examples. We may use your Protected Health Information for: Treatment. When TL receives a requisition for laboratory services requested by your healthcare provider or a referring laboratory, it contains your name, age, and other identifiable information. The disclosure of this information to us is for your treatment, as is our disclosure of the laboratory results to the referring laboratory or your healthcare provider. Payment. We may use and disclose your protected health information in order to bill and collect payment for services. For example, we may provide your insurer with treatment information to certify eligibility. We also may use and disclose your protected health information to obtain payment from third parties that may be responsible for costs, such as insurers or family members. Health Care Operations. TL may use and disclose your protected health information to operate our business. Examples include using your protected health information to evaluate the quality of care you received from us or to conduct cost-management and business planning activities for TL.

Other Disclosures specified by HIPAA which do not require your authorization

Disclosures Required By Law.

TL will use and disclose your protected health information when we are required to do so by federal, state or local law. For example, disclosure may be required by Workers' Compensation statutes and various public health statutes in connection with required reporting of births and deaths, certain diseases, child abuse and neglect, domestic violence, adverse drug reactions, etc. Health Oversight Activities. TL may disclose your protected health information to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general. Lawsuits and Similar

Proceedings. If you are involved in a lawsuit or similar proceeding, we may use and disclose your protected health information in response to an order of a court or administrative order or in response to a signed authorization. Law Enforcement and/or National Security. We may disclose your protected health information for law enforcement purposes. For example, in limited circumstances we may disclose your protected health information if you are a victim of a crime. We may provide information about a crime at TL, or to report a crime that happened elsewhere. Additionally we may disclose your protected health information for the purpose of identifying or locating a suspect, material witness or missing person. Further, we may disclose your protected health information to federal officials for intelligence and national security activities authorized by law including to protect the President or other officials including foreign heads of state, to conduct investigations, or for military purposes. Deceased Patients. TL may release protected health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs or, when requested, to facilitate organ, eye or tissue donation. Research. Under certain circumstances, we may use and disclose your protected health information for health related research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Serious Threats to Health or Safety. TL may use and disclose your protected health information to prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

242 Howard Ave Suite 207
Holland Michigan 49424
855-875-253

Uses and Disclosures Permitted Without Authorization But With Opportunity to Object.

Communication with family.

If you agree, our staff may discuss particular diseases and their inheritance patterns with you or your family members. However, we will not release your results or other protected health information to your family members without your authorization.

Other uses and disclosures of your protected health information not covered by this Notice will be made only with your written authorization. If you provide us with such an authorization, you may revoke it, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your information for the reasons covered by the authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Pursuant to the HIPAA Privacy Standards you have certain rights with respect to your protected health information. As a clinical laboratory, TL does not, on a routine basis, have direct personal contact with patients. Our contact for health information is usually with your healthcare provider or another clinical laboratory. There may be unique circumstances in which TL has direct personal contact with patients, but these circumstances are limited. For this reason we encourage you to contact your healthcare provider to exercise the rights listed in this Notice. However, TL recognizes its obligations to comply with HIPAA and its responsibility to ensure that you have the opportunity to exercise all of your rights under HIPAA. TL will comply with requests made by you which are an exercise of your HIPAA rights and may include:

- Confidential Communications.
 - You have the right to request confidential communications from us. Upon receiving a reasonable written request from you for confidential communications we will communicate your protected health information by an alternative method or to an alternative location.
- Right to Opt Out of Fundraising.
 - You have a right to opt out of receiving any fundraising notices from the TL.
- Requesting Restrictions.
 - You have the right to request a restriction in our use or disclosure of your protected health information for the purposes of treatment (except in emergencies or when required by law), payment or health care operations. We are not required to agree to your request except as

described below; if we do agree, we are bound by our agreement. We are obligated to comply with a request to restrict disclosure to a health plan if the disclosure is for the purposes of carrying out payment or health care operations and is not otherwise required by law and you have paid TL in full for the laboratory services TL has provided. To request a restriction on the disclosure of your protected health information you must make your request in writing to the Privacy Officer listed on page one.

- Inspection and Copies.
 - You have a right to request a copy of your protected health information. You must submit your request in writing to the Privacy Officer listed on page one. TL may charge a fee for the costs of copying and mailing your information.
- Amendment.
 - If you feel that protected health information we have about you is incorrect or incomplete, you may send us a written request to amend the information. The request must include a reason supporting your request and should be sent to the Privacy Officer listed on page one. We may deny your request if you ask us to amend information that is, in our opinion, accurate and complete, not part of the information kept by us, not part of the protected health information which you would be permitted to see and copy, or if it was not created by us.
- List of Disclosures.
 - You have the right to request an accounting of disclosures TL has made of your protected health information. Use of your protected health information by TL for purposes of treatment, payment or operations is not required to be documented and, therefore, will not be on the list. Further, the list will not include disclosures made with your authorization, incidental disclosures or those required by law. In order to obtain a list of disclosures, you must submit your request in writing to the Privacy Officer listed on page one. All requests for disclosures must identify a time period (not to exceed six years) and may not include dates before April 14, 2003. You are entitled to one such list per year free of charge; additional accounting request may be subject to a reasonable cost based fee.
- Right to receive notification of Breach.
 - You have the right to be notified of a breach of your protected health information. TL will notify you promptly if a breach occurs that may have compromised the privacy and security of your protected health information.
- Right to a Paper Copy of This Notice.
 - You are entitled to receive additional copies of this notice of privacy practices at any time. To obtain a copy of this notice, write to Trident Labs at 242 Howard Ave Holland MI 49424.
- Right to File a Complaint.
 - If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer for TL or with the Secretary of the Department of Health and Human Services. To file a complaint with TL, write to the Privacy Officer listed on page one. TL will not retaliate against you in any way for submitting a request.