

ACCEL DIAGNOSTICS, INC.

Notice of Privacy Practices

Effective Date: July 12, 2021

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.

Accel Diagnostics, Inc. (“Accel”) is committed to protecting the privacy of your identifiable health information. This information is known as “protected health information” or “PHI.” PHI includes, for example, your name, contact information, your health or medical conditions, payment for health products or services, and laboratory tests and results. PHI does not apply to non-diagnostic services that we perform such as certain drugs of abuse testing services and clinical trials testing services.

We are required by law to maintain the privacy of your PHI under the Health Insurance Portability and Accountability Act (“HIPAA”) and other federal and state laws. We are required to provide you with this Notice of Privacy Practices (“Notice”). This Notice describes:

- Our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of your unsecured PHI;
- Our permitted uses and disclosures of your PHI; and
- Your rights regarding your PHI.

Scope

We create a record of your laboratory testing that we provide. This Notice applies to all the PHI that we generate. We are required to follow the duties and privacy practices that this Notice describes and any changes once they take effect.

Uses and Disclosures of Your PHI

The law permits or requires us to use or disclose your PHI for various reasons, which we explain in this Notice. We have included some examples, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request about your PHI to the minimum we need to accomplish our intended purpose.

Uses and Disclosures for Treatment, Payment, or Health Care Operations

- **Treatment.** We disclose your health information to healthcare professionals who order tests or need access to your test results for treatment purposes.
- **Payment.** We may use and disclose your PHI for billing and collections. For example, we share your PHI with your health insurance plan to determine whether you are enrolled and eligible for health benefits or to bill for the services you receive. If you are insured under another person’s health insurance policy (for example, parent, spouse, domestic

partner or a former spouse), we may also send invoices to the subscriber whose policy covers your health services.

- **Health Care Operations.** We may use and disclose your PHI to run our laboratory and improve our laboratory services. For example, we may use your PHI to manage the services you receive, perform quality checks on our testing, internal audits, accreditation, and licensing. We may also disclose your PHI to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

Other Uses and Disclosures

We may share your information in other ways. For example, we may disclose PHI to:

- **Our Business Associates.** We may use and disclose your PHI to other companies or individuals that need the information to provide services to us. These other entities, known as “business associates,” are required to maintain the privacy and security of PHI. Our business associates include, for example, companies that provide billing, collections, accreditation, and legal services.
- **Legal Compliance.** For example, we will share your PHI if a government agency investigates our compliance with HIPAA.
- **Public Health and Safety Activities.** For example, we may share your PHI to:
 - Public health authorities for required reporting of disease and for required public health investigations;
 - Health oversight agencies conducting audits, investigations, or civil or criminal proceedings;
 - Coroners, medical examiners, and funeral directors, consistent with law;
 - Workers’ compensation agencies if necessary for your workers’ compensation benefit determination; and
 - avert a serious threat to public health or safety.
- **Responding to Legal Actions.** For example, we may share your PHI to respond to a court or administrative order or subpoena, or a discovery request if efforts have been made to tell you about the request or to obtain an order of protection for the requested information. We may also provide PHI to law enforcement officials in response to a warrant or for officials to identify or locate a suspect, fugitive, material witness, or missing person. We may also disclose PHI to appropriate agencies if we reasonably believe an individual to be a victim of abuse, neglect, or domestic violence.
- **Products and Services.** We may use your PHI from time to time to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

- **Research.** For example, we may share your PHI for some types of health research that do not require your authorization, such as if an institutional review board (“IRB”) has waived the written authorization requirement because the disclosure only involves minimal privacy risks.
- **Organ or Tissue Donation.** For example, we may share your PHI to arrange an authorized organ or tissue donation from you or a transplant for you.

We may also disclose your PHI to a family member, friend, or anyone else you designate in order for that person to be involved in your care or payment related to your care. We may also disclose PHI to those assisting in disaster relief efforts so that others can be notified about your conditions, status and location.

Uses and Disclosures that Require Authorization

In these cases we will only share your information if you give us written permission:

- Marketing our services (other than communicating with you about products and services, as earlier described in this Notice);
- Selling or otherwise receiving compensation for disclosing your PHI;
- Certain research activities; and
- Other uses and disclosures not described in this Notice.

You may revoke your authorization at any time, but it will not affect information that we already used and disclosed.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights.

You have the right to:

- **Inspect and Obtain a Copy of Your PHI.** You have the right to see or obtain an electronic or paper copy of the PHI that we maintain about you. We will require you to make access requests by submitting an electronically signed form that is available on our website. We may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request. You may request that we provide a copy of your PHI to a family member, another person, or a designated entity, as long as you provide us with details of how to provide the PHI to such individual. If you request a copy of your PHI, we will generally decide to provide or deny access within 30 days, however, if we cannot act within 30 days, we will give you a reason for the delay in writing and when you can expect us to act on your request. We may deny your request for access in certain limited circumstances; however, if we deny your access request, we will provide a written denial with the basis for our decision and explain your rights to appeal or file a complaint.
- **Make Amendments.** You may ask us to correct or amend PHI that we maintain about you that you think is incorrect or inaccurate. For these requests, you must submit requests, specify the inaccurate or incorrect PHI, and provide a reason that supports your request. We will generally decide to grant or deny your request within 60 days. If we

cannot act within 60 days, we will give you a reason for the delay in writing and include when you can expect us to complete our decision, which will be no longer than an additional 30 days. We will only ask for an extension once in response to a request. We may deny your request for an amendment if you ask us to amend PHI that is not part of our record, that we did not create, that is not part of a designated record set, or that is accurate and complete. If we deny your request, we will tell you why in writing. You will have the right to submit a written statement disagreeing with the denial and, if you opt not to submit this statement, you may request that we provide your original request for amendment and the denial with any future disclosures of PHI subject to the amendment. However, we may prepare a written rebuttal to any individual's statement of disagreement. We will append the material created or submitted in accordance with this paragraph to your designated record.

- **Request Additional Restrictions.** You have the right to ask us to limit what we use or share about your PHI. You can contact us and request us not to use or share certain PHI for treatment, payment, or operations or with certain persons involved in your care. We may require that you submit this request in writing. For these requests, we are not required to agree. We may say "no" if it would affect your care, but we will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you or another person, other than the health plan, paid in full out-of-pocket, unless it is otherwise required by law.
- **Request an Accounting of Disclosures.** You have the right to request an accounting of PHI disclosures that we have made, other than disclosures made for purposes of treatment, payment, or healthcare operations. For these requests, we will respond no later than 60 days after receiving the request. We may ask for an additional 30 days during this 60-day period, but if we do, we will only do it once, provide a written statement of why, and indicate the date by which we intend to send the response. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as any you asked us to make. We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will notify you about the costs in advance and you may choose to withdraw or modify your request at that time.
- **Choose Someone to Act for You.** If you have given someone health care power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will confirm the person has this authority and can act for you before we take any action.
- **Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a specific address. For these requests, we will not ask for the reason. You must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Administrative

- **Data Breach Notification.** We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI. We will notify you no later than 60 days after we discover the breach. In most cases, we will notify you in writing, by first-class mail, or we may email you if you have provided us with your current email address and you have previously agreed to receive notices electronically. In some circumstances, our business associates, which are described in more detail below, may provide the notification. In limited circumstances when we have insufficient or out-of-date contact information, we may provide notice in a legally acceptable alternative form.
- **State Law Compliance.** For all of the above purposes, when state law is more restrictive than federal law, we are required to follow the more restrictive state law.
- **Make Complaints.** If you believe that your privacy rights have been violated, you have the right to file a complaint with us. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against any individual for filing a complaint.

To file a complaint with us, or ask questions about this Notice, send an email to us at Customerservice@acceldx.com, or write to us at the following address:

Accel Diagnostics, Inc.
5930 Star Lane Suite C
Houston, TX 77057
Attention: Privacy Officer

- **Contact Person.** Accel has designated its Privacy Officer as its contact person for all issues regarding patient privacy and your rights under HIPAA. You may contact this person at 5930 Star Lane, Houston, TX 77057, (713) 242-8658. As a patient, you have the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by email or other electronic means.
- **Changes to Notice.** We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available on request, in our office, and on our website.