



Notice of Privacy Practices

Revised 2015

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.

This Notice of Privacy Practices is NOT an authorization.

If you have any questions regarding this notice, please contact our Privacy Office at:

Email: Privacy@ashiondx.com
Phone: 1-844-539-3309

This Notice of Privacy Practices describes how Ashion Analytics, LLC (Ashion) may use and disclose your protected health information and certain rights you have regarding your protected health information.

“Protected health information” (PHI) is information about you, including demographic information, that may be used to identify you that relates to your past, present or future physical or mental health condition and related health care services.

We reserve the right to change this notice at any time.

Permissible Uses and Disclosures of Protected Health Information

We are permitted to use and disclose your PHI without your authorization for the following purposes:

✓ **Treatment**

We may use and disclose your PHI to provide, coordinate or manage your healthcare services. For example, we may work with your physician to perform genetic testing and analysis and report the test results back to the physician that ordered the test.

✓ **Payment**

We may use and disclose your PHI to obtain payment for the healthcare services we provide. This may include billing your health insurance plan or other responsible parties.



✓ **Healthcare Operations**

We may use and disclose your PHI as necessary in order to carry out our general business activities or the business activities of other involved providers. For example, laboratory staff or quality assurance team members may use the PHI in your health record to assess and improve the genetic services we provide. We may also disclose your PHI to an accrediting agency evaluating the laboratory's performance and the quality of our tests.

✓ **Business Associate**

We may disclose your PHI to our business associates, which are other entities that provide services to us or perform functions on our behalf, e.g., our accountants, attorneys and consultants, and have agreed in writing to safeguard your PHI. Our business associates are also required by law to protect the privacy of your PHI.

✓ **Required By Law**

We may use or disclose your PHI to the extent the use or disclosure is required by law. Any such use or disclosure will be made in compliance with the law and will be limited to what is required under the law.

✓ **Public Health / Health Oversight Activities**

We may use or disclose your PHI for public health activities and to health oversight agencies responsible for audits, inspections or investigations. We may also disclose you PHI to a person or company subject to the Food and Drug Administration (FDA) to report



adverse events or for other purposes related to the quality, safety or effectiveness of a product or activity regulated by the FDA.

✓ **Research**

We may use and disclose your PHI for research purposes when the research has been reviewed and approved by an institutional review or privacy board to ensure safeguards are in place for the protection of your PHI.

✓ **Law Enforcement / To Avert a Serious Threat to Health or Safety**

We may disclose your PHI to law enforcement in limited circumstances, such as to report a crime on our premises or in emergency treatment situations. We may also disclose your PHI to avert a serious threat to the health and safety of a person or the public.

✓ **Judicial and Administrative Proceedings**

We may disclose your PHI in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process under certain circumstances.

✓ **Workers Compensation**

We may disclose your PHI in connection with services provided under workers' compensation laws.

✓ **Other Activities/Purposes**

We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts; coroners, medical examiners and funeral directors to assist them in carrying out their duties; if you are a member of the armed forces, as required by military command authorities; to federal officials for intelligence and national security purposes; if you are or become an inmate of a correctional institution or are in the custody of law enforcement, to the institution or law enforcement; to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence.

Other Uses and Disclosures Require Your Authorization

If we wish to disclose your PHI for a purpose not discussed in this Notice, we will seek your authorization. For example, we will seek your authorization for most uses and disclosures of your PHI for marketing purposes and for any disclosures that constitute a sale of your PHI. You may



revoke this authorization, at any time, in writing, except to the extent that your physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights Regarding Your Protected Health Information

You have certain rights with respect to you PHI. This section explains your rights. To exercise any of the following rights, please contact us at 602-633-1403 or 1-844-539-3309.

✓ The Right to Inspect and Receive a Copy of your Medical Record

You may ask to see or receive a copy of your medical record and certain other health information we have about you, for as long as we maintain the PHI. We will provide you with a copy or summary of your health information, usually within 30 days of the request. We may charge a reasonable, cost-based fee.

✓ The Right to Ask Us to Amend Your Medical Record

You may request an amendment or correction of certain health information that we maintain about you if you think it is incomplete or incorrect. In some cases, we may deny your request for an amendment. Our written denial will state the reasons for the denial and will explain your right to file a written statement of disagreement. If your request for an amendment is approved, we will notify you and any other parties that need to know about the changes to your health information.

✓ The Right to Request a Restriction of Your PHI

You may 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. However, if you pay for a service or health care item out-of-



pocket in full and you ask us not to share that information to your health plan, we will say “yes” unless a law requires us to share that information.

✓ **The Right to Request to Receive Confidential Communications from Us**

You may request to receive confidential communications from us by alternative means or at an alternative location. Reasonable requests will be honored.

✓ **The Right to Receive an Accounting of Certain Disclosures We Have Made of Your PHI**

You can ask for a list (accounting) of certain disclosures we have made of your PHI. 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.

✓ **The Right to Choose Someone to Act on Your Behalf**

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 make sure the person has this authority and can act for you before we take any action.

✓ **The Right to Receive a Copy of this Privacy Notice**

You can ask for a copy of this notice at any time. We will email, fax or mail you a copy promptly.

✓ **The Right to File a Complaint**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer. **We will not retaliate against you for filing a complaint.**

Phone: 1-844-539-3309
Email: Privacy@ashiondx.com
Mail: Ashion Analytics, LLC
Attn: Privacy Office
445 N. 5th Street
6th Floor
Phoenix, AZ 85004

Our Responsibilities

We are required to (1) maintain the privacy and security of your health information as required by law, including more stringent state laws; (2) provide you with notice of our legal duties and privacy practices with respect to your PHI, and to abide by the terms of such notice; and (3) notify you following a breach of your PHI that is not secured in accordance with certain security standards.

We reserve the right to change the terms of this Notice and to make the provisions of the new Notice effective for all PHI that we maintain. If we change the terms of this Notice, the revised Notice will be made available upon request and posted in our practice locations. Copies of the current Notice may be obtained by contacting our Privacy Office.

Effective Date

This notice became effective on August 7, 2015.