

KIMBALL GENETICS INC. NOTICE OF PRIVACY PRACTICES

EFFECTIVE 2005

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, Kimball Genetics (referred to as "we" or "us") has created this Notice of Privacy Practices (Notice). This Notice describes the Kimball Genetics privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that Kimball Genetics protect the privacy of your PHI that we have received or created.

Kimball Genetics will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below, Kimball Genetics will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below.

Any health plans, insurers or HMOs that provide benefits to you should provide you with a separate description of their own privacy practices. Similarly, your personal doctor or any other health care provider may have different policies or notices regarding the use and disclosure of the PHI they create or receive.

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**HOW KIMBALL GENETICS MAY USE AND DISCLOSE YOUR PHI**

The health, laboratory and billing records we maintain are the physical property of Kimball Genetics. The information in it, however, belongs to you. The following is an explanation of the ways that the Kimball Genetics is permitted, by law, to use and disclose your PHI.

**Uses and disclosures of PHI for Treatment:** We may use the PHI that we receive from you as follows:

- A technologist, genetic counselor, or other staff member obtains treatment or testing information about you and records it in your laboratory medical record.
- During the course of your treatment, the physician determines a need to consult with another specialist and shares the information with the specialist. For example, your doctor prescribes a test, which is sent to us by a pathologist, or laboratory physician who then consults with our laboratory director or genetic counselors about the information.

**Uses and disclosures of PHI for Payment:** We will disclose the minimal necessary PHI to obtain payment or reimbursement from insurers for your genetic testing.

**Uses and disclosures of PHI for Health Care Operations:** We may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate our workforce.

The following is an explanation of additional ways in which Kimball Genetics is permitted or required to use or disclose PHI about you without your written authorization. All uses and disclosures of your PHI will be to the minimum amount necessary.

**Uses and disclosures as required by law:** Kimball Genetics is required to use or disclose PHI about you as required and as limited by law.

**Uses and disclosure for Public Health Activities:** We may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

**Uses and disclosure about victims of abuse, neglect or domestic violence:** We may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

**Uses and disclosures for health oversight activities:** We may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

**Disclosures for judicial and administrative proceedings:** We may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to us.

**Disclosures for law enforcement purposes:** We may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

**Uses and disclosures about the deceased:** We may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

**Uses and disclosures for cadaveric organ, eye or tissue donation purposes:** We may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

**Uses and disclosures for research purposes:** We may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, we will request a signed authorization by the individual for all other research purposes.

**Uses and disclosures to avert a serious threat to health or safety:** We may use or disclose PHI about you, if we believe in good faith, and consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

**Uses and disclosures for specialized government functions:** We may use or disclose PHI about you for specialized government functions including; military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

**Disclosure for workers' compensation:** We may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

**Disclosures for disaster relief purposes:** We may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts.

**Disclosures to business associates:** We may disclose PHI about you to our business associates for services that they provide on behalf Kimball Genetics to assist us to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

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### **OTHER USES AND DISCLOSURES**

Kimball Genetics may contact you for the following purposes:

**Future Research:** We may contact you at some future date as part of a research effort.

**Fund Raising:** We may contact you at some future date as part of a fund-raising effort.

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### **FOR ALL OTHER USES AND DISCLOSURES**

Kimball Genetics will obtain a written authorization from you for all other uses and disclosures of PHI, and we will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact Kimball Genetics to obtain a *Request for Restriction of Uses and Disclosures*, and return the completed form to us.

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### **YOUR HEALTH INFORMATION RIGHTS**

The following are a list of your rights in respect to your PHI.

**Request restrictions on certain uses and disclosures of your PHI:** You have the right to request additional restrictions of our use and disclosure of your PHI; however, we not required to accommodate a request. If you wish to request additional restrictions, please obtain the form, *Request for Restriction of Uses & Disclosures*, from Kimball Genetics and return the completed form to us.

**The right to have your PHI communicated to you by alternate means or locations:** You have the right to request that we communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require we have an accurate address and home phone number in case of emergencies. We will consider all reasonable requests. If you wish to request a change in your communicating address and/or phone number, please obtain a form, *Request for Alternative Arrangements for Confidential Communication*, from Kimball Genetics and return the completed form us.

**The right to inspect and/or obtain a copy your PHI:** You have the right to request access and/or obtain a copy of your PHI that is held by Kimball Genetics for the duration that we maintain PHI about you. If you wish to inspect or obtain a copy of your PHI, please obtain a form, *Request for Access to Records*, from Kimball Genetics and return the completed form. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

**The right to amend your PHI:** You have the right to request an amendment of the PHI Kimball Genetics maintains about you, if you feel that the PHI is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services (“HHS”), or their appropriate designee, to review such a denial. If you wish to amend your PHI files, please obtain a form, *Request for Amendment to PHI*, from Kimball Genetics and return the completed form to us.

**The right to receive an accounting of disclosures of your PHI:** You have the right to receive an accounting of certain disclosures of your PHI made by Kimball Genetics. If you wish to receive an accounting of disclosures of your PHI, please obtain a form, *Request for Accounting of Disclosures*, from and return the completed form to Kimball Genetics. You should be aware, however, that such an accounting excludes uses and disclosures made for treatment, payment, or health care operations purposes.

**The right to receive additional copies of the Kimball Genetics Notice of Privacy Practices:** You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically. If you wish to receive a paper copy of this request, please call Kimball Genetics and we will provide you with a copy.

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### **REVISIONS TO THE NOTICE OF PRIVACY PRACTICES**

Kimball Genetics reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The revised Notice will be available, upon request, to all individuals. Kimball Genetics will also post the revised version of the Notice in the Laboratory.

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### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Kimball Genetics and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with Kimball Genetics, please contact Laboratory Privacy Officer. If you wish to file a complaint with the Secretary, please write to:

The U.S. Department of Health and Human Services  
200 Independence Ave, S.W.  
Washington, D.C. 20201

Kimball Genetics will not take any adverse action against you as a result of your filing of a complaint.

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### **CONTACT INFORMATION**

If you have any questions on the Kimball Genetics privacy practices or for clarification on anything contained within the Notice, please contact:

KIMBALL GENETICS INC.  
Laboratory Privacy Officer  
650 S. Cherry St., Ste. 225  
Denver, CO 80246  
(303) 320-1807