Date: April 14, 2017

Paradigm Laboratories, LLC
6115 E. Grant Rd.
Tucson, Arizona 85712

RE: HIPAA/Privacy Practices Policy

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 for Paradigm Laboratories, LLC ("Paradigm") is being provided to you as a requirement of the Health Insurance Portability and Accountability Act ("HIPAA"). Paradigm is required by law to maintain the privacy of protected health information ("PHI"). PHI is health information that is created or received by Paradigm, and can be used to identify you and that relates to your past, present or future physical health or condition. Paradigm is also required to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

I. Uses and Disclosures of PHI by Paradigm.

For Treatment. Paradigm may use and disclose your PHI to provide, coordinate, or manage your medical treatment or services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, Paradigm may disclose PHI to physicians or other health care providers who may be involved in your care, including physicians who order laboratory tests for you.

For Payment. Paradigm may use or disclose your PHI to obtain payment for the services that Paradigm provides. This may include certain communications to your health insurer to get approval or verify coverage for services that are provided by Paradigm. Paradigm may also use or disclose your PHI to your health insurer to demonstrate the medical necessity of the services or, as required by your health insurer, for utilization review. Paradigm may also disclose your PHI to another provider involved in your care for the other provider’s payment activities.

For Health Care Operations. Paradigm may use or disclose your PHI for our health care operations to ensure that Paradigm provides quality care to all patients. For example, Paradigm may use your PHI for quality assessments, training programs, and accreditation and licensing activities. In certain situations, Paradigm may also disclose patient information to another provider or health plan for their health care operations.
When Legally Required. Paradigm may use and disclose your PHI as required to do so by any federal, state or local law.

Individuals Involved in your Care or Payment for your Care. Paradigm may disclose PHI to a person who is involved in your care or helps pay for your care, such as a family member or friend. Paradigm may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. As allowed by federal and state law, Paradigm may disclose the PHI of minors to their parents or legal guardians.

Business Associates. Paradigm may disclose PHI to its business associates to perform certain business functions or provide certain services to Paradigm. For example, Paradigm may use another company to perform billing services on its behalf. All business associates of Paradigm are required to maintain the privacy and confidentiality of your PHI. In addition, at the request of your health care provider or health plan, Paradigm may disclose PHI to their business associates for purposes of performing certain business functions or certain services on their behalf.

For Public Health Purposes. Paradigm may use and disclose your PHI for certain public health activities and purposes. For example, Paradigm may use and disclose your PHI to a public health authority to prevent, control, or report disease, injury or disability, to conduct public health surveillance, investigations and interventions, or to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

To Report Abuse, Neglect or Domestic Violence. Paradigm may use and disclose your PHI to notify government authorities if Paradigm believes that you are the victim of abuse, neglect or domestic violence. Paradigm will make this disclosure only when specifically required or authorized by law or when you agree to the disclosure.

To Conduct Health Oversight Activities. Paradigm may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

In Connection with Judicial and Administrative Proceedings. Under certain circumstances, Paradigm may disclose your PHI in the course of a judicial or administrative proceeding, including in response to a court or administrative order, subpoena, discovery request, or other lawful process.

For Law Enforcement Purposes. Paradigm may disclose PHI for law enforcement purposes, including reporting of certain types of wounds or physical injuries or in response to a court order, warrant, subpoena or summons, or similar process authorized by law. Paradigm may also disclose PHI when the following information is needed: (i) for identification or location of a suspect, fugitive, material witness or missing person, (ii) about a victim of a crime, (iii) about an individual who has died, (iv) in relation to criminal conduct on Paradigm premises, or (v) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

To Coroners, Funeral Directors, and for Organ Donation. Paradigm may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. Paradigm may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Paradigm may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
**For Research Purposes.** Paradigm may use or disclose your PHI for research under certain circumstances, including when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your PHI.

**To Prevent or Lessen a Serious Threat to Health or Safety.** Paradigm may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if Paradigm believes, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the federal regulations authorize Paradigm to use or disclose your PHI to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

**For Worker’s Compensation.** Paradigm may use or disclose your PHI to comply with worker’s compensation laws or similar programs.

**II. Other Uses and Disclosures of PHI.**

Other than as stated above, Paradigm will not use or disclose your PHI without your written authorization. For example, Paradigm will not use or disclose your PHI for marketing purposes or sell your information.

**III. Your Rights.**

**The Right to Access your PHI.** You have the right to obtain a copy of your PHI for as long as Paradigm maintains the PHI. If you request a copy of your PHI, Paradigm may charge you a nominal fee for the costs of copying and mailing your PHI. To obtain a copy of your PHI, please complete a Release of Medical Information form, which can be obtained by calling (520) 901-2969 and requesting a form. Completed Release of Medical Information forms may be submitted by mail, fax or email to:

Paradigm Laboratories, LLC  
Attn: Release of Medical Information/Client Services  
6115 E. Grant Rd.  
Tucson, Arizona 85712  
Email: ClientServices@HCParadigm.com

**The Right to Request Restrictions.** You have the right to request certain restrictions of the uses and disclosures of your PHI. Paradigm is not required to agree to a restriction that you may request, except for disclosure to a health plan when you have paid in full out-of-pocket for your care. Paradigm will notify you if Paradigm denies your request to a restriction. If Paradigm agrees to the requested restriction, Paradigm may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, Paradigm may terminate their agreement to a restriction.

**The Right to be Notified of a Breach.** You have the right to be notified in the event that Paradigm (or one of our business associates) discovers a breach of your unsecured PHI.
The Right to Request Confidential Communications. You have the right to request that Paradigm communicate with you about your PHI at an alternative address or by alternative means. Paradigm will accommodate reasonable requests. Requests must be made in writing to our address listed above.

The Right to Amend. You may request an amendment of PHI about you for as long as Paradigm maintains this information. In certain cases, Paradigm may deny your request for an amendment. If Paradigm denies your request for amendment, you have the right to file a statement of disagreement with us, and Paradigm may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

IV. Changes to this Notice.

Paradigm is required to abide by the terms of this Notice currently in effect and reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI Paradigm maintains. If changes are made, the updated Notice will be promptly posted on our website at www.ParadigmLaboratories.com.

V. Complaints.

You have the right to express complaints to Paradigm and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may submit complaints to Paradigm by contacting ClientServices@HCParadigm.com in writing. You will not be retaliated against in any way for filing a complaint.

VI. Contact Information.

To exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact the Paradigm Laboratories by phone (520) 901-2969 or by mail at:

Paradigm Laboratories, LLC
6115 E. Grant Rd.
Tucson, Arizona
ATTN: Privacy Officer

VII. Effective Date.

This Notice is effective April 14, 2017.