

**NOTICE OF PRIVACY PRACTICES
FOR
MedLab, Inc.**

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.

Uses and Disclosures of Health Information:

MedLab, Inc. ("MedLab") is legally required to:

- Maintain the privacy and security of your Protected Health Information (including Medicaid Confidential Data);
- Provide you with notice of our legal duties and privacy practices with respect to Protected Health Information;
- Notify you following of a breach of your Protected Health Information; and
- Follow the terms of the Notice that is currently in effect.

With your consent, MedLab may use and disclose your Protected Health Information for the purposes of treatment, payment and health care operations as described below.

Treatment: We can use and share your information with other health care providers who are treating you such as a behavioral health agency.

Payment: We can use and share your health information to bill your health insurer for your services and receive payment.

Health Care Operations: We may use and disclose your information to others for our business operations, such as to improve the quality of our services.

MedLab may also use and disclose your Protected Health Information for other specific purposes that are required or permitted by law. These include for the purposes of: (1) Promoting public health and safety (e.g; preventing disease, adverse reactions to medications, reporting suspected abuse); (2) complying with the law (e.g.; if state or federal law requires it); (3) assisting coroners, medical examiners, funeral directors, organ procurement agencies (e.g.; assisting in autopsies or organ donations); and (4) complying with government requests (e.g.; for workers compensation claims, law enforcement purposes, health oversight agencies).

Authorization: We may use and disclose your Protected Health Information for purposes other than as described in this Notice or required by law only with your written authorization. You may revoke your authorization to use or disclose Protected Health Information in writing at any time.

Rights: You have certain rights concerning the use and disclosure of your Protected Health Information. The law describes them in more detail, but generally they are:

- The right to request restrictions on certain uses and disclosures of your Protected Health Information (although we do not have to agree with them).
- The right to request confidential communications (such as designating a certain telephone number or email address) if your request is reasonable.
- The right to inspect or obtain an electronic or paper copy of your Protected Health Information. We may charge a reasonable, cost-based fee.
- The right to amend your Protected Health Information under limited circumstances specified by law.
- The right to receive an accounting of disclosures of Protected Health Information for six years prior to the date you ask for all disclosures except those made for purposes of treatment, payment or health care operations.
- The right to receive a paper copy of this Notice at any time.
- If you have designated someone as your Health Care Proxy or if someone is your legal guardian or surrogate, that person can exercise your rights and make choices about your health information, if the person has the required authority.

Complaints: You may complain if you feel we have violated your rights by contacting us using the contact information listed in this Notice. You may also file a complaint with the Secretary of the United States Department of Health and Human if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Amendments: We reserve the right to amend this Notice and to make the new Notice provisions effective for all of your Protected Health Information maintained by us.