



# Notice of Privacy Practices

***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.***

## **OUR PLEDGE**

CareDx, Inc. (CareDx) is committed to protecting the privacy of your identifiable health information. This information is known as "protected health information" or "PHI." PHI includes laboratory test orders and test results as well as insurance and billing information for the healthcare services we provide. We understand that medical information about you and your health is personal and we are committed to protecting that information. We create a record of the tests and services you receive from us to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by us.

## **OUR RESPONSIBILITIES**

CareDx is required by law to maintain the privacy of your PHI. We are also required to provide you with this Notice of our legal duties and privacy practices upon request. It describes our legal duties, privacy practices and your patient rights as determined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. We are required to follow the terms of this Notice currently in effect. We are required to notify affected individuals in the event of a breach involving unsecured protected health information.

## **HOW WE MAY USE YOUR PHI**

We use your PHI for treatment, payment, or healthcare operations purposes and for other purposes permitted or required by law. Not every use or disclosure is listed in this Notice, but all of our uses or disclosures of your health information will fall into one of the categories listed below.

We need your written authorization to use or disclose your health information for any purpose not covered by one of the categories below. Subject to compliance with limited exceptions, we will not use or disclose your PHI for marketing purposes or sell your PHI, unless you have signed an authorization. You may revoke any authorization you sign at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons stated in your authorization except to the extent we have already taken action based on your authorization.

The law permits us to use and disclose your health information for the following purposes:

### **FOR TREATMENT**

CareDx provides laboratory testing for physicians and other healthcare professionals, and we use your information in our testing process. We disclose your health information to

authorized healthcare professionals who order tests or need access to your test results for treatment purposes. An example of other treatment related purposes include use of your information to contact you to obtain another specimen, if necessary.

### **FOR PAYMENT**

CareDx will use and disclose your PHI for purposes of billing and payment. For example, we may disclose your PHI to health plans or other payers to determine whether you are enrolled with the payer or eligible for health benefits or to obtain payment for our services. 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. We may also give your medical information to your other providers so that they may bill for their services, such as other laboratories performing tests for you.

### **FOR HEALTHCARE OPERATIONS**

CareDx may use and disclose your PHI for activities necessary to support our healthcare operations, such as performing quality checks on our testing, internal audits, arranging for legal services or developing reference ranges for our tests. We may use your PHI to review our tests and services and to evaluate the performance of our staff, including teaching our staff.

### **BUSINESS ASSOCIATES**

We may provide 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. For example, we may provide information to companies that assist us with billing of our services. We may also use an outside collection agency to obtain payment when necessary.

### **AS REQUIRED BY LAW**

We may use and disclose your PHI as required by law.

### **LAW ENFORCEMENT AND LEGAL PROCEEDINGS**

We may use and disclose your PHI if necessary, to prevent or lessen a serious threat to your health and safety or that of another person. We may also provide PHI to law enforcement officials, for example, in response to a warrant, investigative demand or similar legal process, 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.

We may disclose your PHI as required to comply with a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request or other legal process in the course of a judicial or administrative proceeding, but only if efforts have been made to tell you about the request or to obtain an order of protection for the requested information.

### **RESEARCH**

We may disclose PHI for research purposes when an Institutional Review Board or privacy board has reviewed



the research proposal and established protocols to ensure the privacy of your PHI and determined that the researcher does not need to obtain your authorization prior to using your PHI for research purposes. We may also disclose information about decedents to researchers under certain circumstances.

#### **OTHER USES AND DISCLOSURES**

As permitted by HIPAA, we may disclose your PHI to:

- Public Health Authorities
  - » The Food and Drug Administration
  - » Health Oversight Agencies
  - » Military Command Authorities
  - » National Security and Intelligence Organizations
  - » Correctional Institutions
  - » Organ and Tissue Donation Organizations
- Coroners, Medical Examiners and Funeral Directors
- Workers Compensation Agents

We may also disclose relevant 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 condition, status and location.

#### **NOTE REGARDING STATE LAW**

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.

#### **YOUR PATIENT RIGHTS**

##### **RECEIVE TEST INFORMATION**

You have the right to access your PHI that we have created. You may receive your test results. You may obtain a form to request a copy of your completed test results by calling CareDx Customer Care at 1-888-255-6627, or emailing CareDx Customer Care at [CustomerCare@caredxinc.com](mailto:CustomerCare@ caredxinc.com). If your request for test information is denied, you may request that the denial be reviewed.

##### **AMEND HEALTH INFORMATION**

You may request amendments to your PHI by making a written request. However, we may deny the request in some cases (such as if we determine the PHI is accurate). If we deny your request to change your PHI we will provide you with a written explanation of the reason for the denial and additional information regarding further actions that you may take.

##### **ACCOUNTING OF DISCLOSURES**

You have the right to receive a list of certain disclosures of your PHI made by CareDx in the past six years from the date of your written request. Under the law, this does not include disclosures made for purposes of treatment, payment, or healthcare operations or certain other purposes. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

#### **REQUEST RESTRICTIONS**

You may request that we agree to restrictions on certain uses and disclosures of your PHI. We are not required to agree to your request, except for requests to limit disclosures to your health plan for purposes of payment or healthcare operations when you have paid us for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law.

#### **REQUEST CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we send your health information by alternative means or to an alternative address, and we will accommodate reasonable requests.

#### **COPY OF THIS NOTICE**

You have the right to obtain a paper copy of this Notice upon request.

#### **HOW TO EXERCISE YOUR RIGHTS**

You may write or send an email to us with your specific request, including requesting a form to complete to obtain a copy of your test results. CareDx will consider your request and provide you a response.

#### **COMPLAINTS AND QUESTIONS**

If you believe 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. CareDx will not retaliate against any individual for filing a complaint.

To file a complaint with us, or should you have any questions about this Notice, send an email to us at [Privacy@CareDxinc.com](mailto:Privacy@CareDxinc.com), or write to us at the following address:

CareDx, Inc.  
Attention: Privacy Officer  
3260 Bayshore Blvd.  
Brisbane, CA 94005  
1-888-255-6627

#### **NOTE**

We reserve the right to amend the terms of this Notice to reflect changes in our privacy practices, and to make the new terms and practices applicable to all PHI that we maintain about you, including PHI created or received prior to the effective date of the Notice revision. Our Notice is displayed on our website and a copy is available upon request.