

## NOTICE OF PRIVACY PRACTICES

Effective date: August 10, 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.

Your Information, Your Rights, Our Responsibilities	
<p>The United States government created rules for the use and protection of medical information by hospitals, clinics, laboratories and other health care entities. The rules are a result of the 1996 Health Insurance Portability and Accountability Act (“HIPAA”) and subsequent rules and laws that affect HIPAA. These rules are meant to provide all patients in the United States with standard privacy and security safeguards of medical information. One rule requires us to provide all patients with a Notice of Privacy Practices (this “Notice”). In this Notice, we refer to your medical information as “Protected Health Information” or “PHI”.</p>	
Protecting Your Privacy	
<p>We take your privacy seriously and we want you to know how we collect, use, share and protect your information. We are required by law to maintain the privacy and security of your Protected Health Information. Protected Health Information is any information, whether in oral, electronic or paper form that is unique to an individual, such as name, address, telephone number, test results, etc. that is related to your health records.</p> <p>We adhere to stringent standards designed to safeguard PHI against accidental or unauthorized access or disclosure. We have taken reasonable steps to ensure the integrity and confidentiality of your PHI.</p>	
Your Rights	
<p>When it comes to your PHI, you have certain rights under HIPAA and federal privacy rules that implement HIPAA. This section explains your rights as a patient and our responsibilities as a “Covered Entity” under HIPAA.</p>	
<p><b>Obtain an Electronic or Paper Copy of your Medical Record</b></p>	<p>You can ask to see, or obtain an electronic or paper copy of, your medical record, such as your final laboratory test results and other PHI we have about you.</p> <p>Please submit a written request to Sequenom Laboratories’ Privacy and Security Officer, 3595 John Hopkins Court, San Diego, California 92121 if you would like to make this request.</p> <p>We will provide a copy or a summary of your PHI, usually within 30 days of your request. We may charge you a reasonable, cost-based fee.</p>

<p><b>Ask us to Correct your Medical Record</b></p>	<p>You can ask us to correct PHI that you think is incorrect or incomplete.</p> <p>Please submit a written request to Sequenom Laboratories' Privacy and Security Officer if you would like to make this request.</p> <p>We may say "no" to your request in certain circumstances, but we'll tell you why, in writing, within 60 days.</p>
<p><b>Request Confidential Communications</b></p>	<p>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</p> <p>Please submit a written request to Sequenom Laboratories' Privacy and Security Officer if you would like to make this request.</p> <p>We will say "yes" to all reasonable requests.</p>
<p><b>Ask us to Limit what we Use or Share/Disclose</b></p>	<p>You can ask us not to use or share certain PHI for treatment, payment, or our health care operations.</p> <p>Please submit a written request to Sequenom Laboratories' Privacy and Security Officer if you would like to make this request.</p> <p>We are not required to agree to your request, and we may say "no" if it would affect your care or our ability to collect payment. If we say no, we will explain in writing.</p> <p>If you or a person other than your health insurer pays for a service or health care item out-of-pocket in full, you can ask us not to share the PHI with your health insurer. We will say "yes" unless a law or regulation requires us to share that information.</p>
<p><b>Obtain a List with Whom we have Shared Information</b></p>	<p>You can ask for an "accounting of disclosure list", which lists each time we've shared your PHI for six years prior to the date of your request, with whom we shared it with, and why.</p> <p>This list will include all of the disclosures within that six year period <i>except</i> for disclosures about treatment, payment, and health care operations, and certain other disclosures that are allowed to be excluded from this list (such as any you asked us to make). We'll provide one accounting of disclosure list a year for free, but we will charge a reasonable, cost-based fee if you ask for another one within 12 months.</p> <p>Please submit a written request to Sequenom Laboratories' Privacy and Security Officer if you would like to make this request.</p>

<p><b>Obtain a Copy of this Notice</b></p>	<p>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy upon request.</p> <p>Please submit a written request to Sequenom Laboratories' Privacy and Security Officer if you would like to make this request.</p>
<p><b>Choose Someone to Act for You</b></p>	<p>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 Protected Health Information on your behalf.</p> <p>We will make sure the person has this authority and can act for you before we take any action</p> <p>Please submit a written request to Sequenom Laboratories' Privacy and Security Officer if you would like to make this request.</p>
<p><b>Use of E-mail</b></p>	<p>We may communicate with you via secure email to the email address provided by you. If you choose not to use our secure email service, we need to let you know that communications via un-secured email may create risks to your PHI, such as, but not limited to, your information being intercepted by unauthorized individuals.</p>
<p><b>File a Complaint if You Feel Your Rights have been Violated</b></p>	<p>You can complain if you feel we have violated your rights under HIPAA.</p> <p>Please contact the Sequenom Laboratories' Privacy and Security Officer in writing if you would like to file a complaint.</p> <p>You can also file a complaint by letter with the U.S. Department of Health and Human Services Office for Civil Rights.</p> <p>We will not retaliate against you for filing a complaint.</p>
<p style="text-align: center;"><b>Our Uses and Disclosures of Your Protected Health Information</b></p>	
<p>We typically use or share your Protected Health Information in the following ways.</p>	
<p><b>For Treatment</b></p>	<p>We may use and disclose your PHI to provide, coordinate or manage your health care treatment and related services. We may share it with other professionals who are treating you.</p> <p><i>For example:</i> We may disclose your PHI to your health care providers who are involved in your treatment. We may disclose your PHI to our Genetic Counselors so they can better inform you of the benefits and limitations of the test and you can ask questions regarding the test, the risks and the alternatives.</p>

<p><b>For Health Care Operations</b></p>	<p>We may use or disclose your PHI to improve our laboratory operations for administrative and quality assurance purposes.</p> <p><i>For example:</i> We may disclose your PHI to conduct quality assessment and improvement activities; to review the qualifications and performance of health care providers; to perform accreditation, certification or licensing activities; and to support business activities.</p>
<p><b>For Payment</b></p>	<p>We may use and disclose your PHI so that the services you receive from us may be billed and payment may be collected from you, an insurance company or other entities.</p> <p><i>For example:</i> We may disclose your PHI to your health plan for determinations of eligibility and coverage, to collect outstanding amounts, and to appeal any reimbursement denial.</p>
<p style="text-align: center;"><b>Your Choices About What Protected Health Information We Share</b></p>	
<p>For certain PHI, you can tell us your choices about what we share.</p>	
<p><b>In these cases, you have both the right and choice to tell us to:</b></p>	<ul style="list-style-type: none"> <li>• Share your PHI with your family, close friends, or others involved in your care.</li> <li>• Share your PHI in a disaster relief situation.</li> </ul> <p>If you are not able to tell us your preference for how we share your PHI (for example, if you are mentally incapacitated), we may share your PHI if we believe it is in your best interest. We may also share your PHI when needed to lessen a serious and imminent threat to health or safety.</p>
<p><b>In these cases, we never share your information unless you give us written permission</b></p>	<p>We will follow applicable state and federal laws that provide additional privacy protections for your PHI.</p> <p>We do not share your PHI for:</p> <ul style="list-style-type: none"> <li>• Marketing purposes;</li> <li>• Sales activities;</li> <li>• Creation and/or maintenance of psychotherapy notes; and</li> <li>• Sale of PHI.</li> </ul>
<p style="text-align: center;"><b>How Else Can We Share Your Protected Health Information?</b></p>	
<p>We are allowed or required to share your PHI in other ways, – usually in ways that contribute to the public good, such as public health and research. We have to meet many legally mandated conditions before we can share your PHI for these purposes.</p>	

<p><b>Public Health and Safety Issues</b></p>	<p>We can share your PHI for situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease;</li> <li>• Reporting adverse reactions to medications;</li> <li>• Preventing or reducing a serious threat to anyone's health or safety; and/or</li> <li>• Reporting suspected abuse, neglect, or domestic violence.</li> </ul>
<p><b>Do Research</b></p>	<p>Research is vital to the advancement of medical science and public health.</p> <p>Under HIPAA, we may use and disclose your de-identified PHI for research purposes without your knowledge or approval when your name and other direct identifiers specified in HIPAA have been removed (de-identified).</p> <p>In some cases, we may use or disclose PHI about you for research purposes without your knowledge or approval through a special process. For example, in the case of a research study that is reviewed and approved by an Institutional Review Board before the research begins and the Institutional Review Board waives the requirement to obtain your approval for the research.</p>
<p><b>Business Associates</b></p>	<p>We obtain some services provided through contracts with business associates in which PHI is disclosed.</p> <p><i>For example:</i> We may use a third party for billing and collections, document destruction, software support and quality assurance. We require that any business associate who receives your PHI appropriately safeguards your PHI through a written business associate agreement. The business associates are required to maintain the privacy and security safeguards of PHI.</p>
<p><b>Military</b></p>	<p>If you are a member of the armed forces, we may share PHI about you as required by military command authorities.</p>
<p><b>As Required by Law</b></p>	<p>We will disclose PHI if state or federal laws require that we make these disclosures.</p>

<b>Workers' Compensation, Law Enforcement, and other Government Requests</b>	We can use or disclose your PHI: <ul style="list-style-type: none"> <li>• For workers' compensation claims.</li> <li>• For law enforcement purposes or with a law enforcement official.</li> <li>• With health oversight agencies for activities authorized by law.</li> <li>• With special government functions, such as military, national security, and presidential protective services.</li> </ul>
<b>Legal Proceedings</b>	We can disclose PHI about you in response to a court or administrative order, or in response to a subpoena.

**Changes to the Terms of This Notice**

We can change the terms of this Notice at any time, and the changes will apply to all Protected Health Information we have about you. We may need to update the Notice as technology changes and Sequenom Laboratories evolves. If we make significant changes to our privacy policy, we will post a prominent message on our website at <http://www.sequenom.com> and <http://www.laboratories.sequenom.com>.

The terms of this Notice are not intended to, and do not, create any contractual or other legal rights in or on behalf of any individual or organization.

**Our Responsibilities**

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your Protected Health Information.

We must follow the terms and conditions described in the Notice that is currently in effect and provide you with a copy of the Notice.

We will not use or share your Protected Health Information other than as described herein unless you tell us we can in writing. If you give us authorization to use or share your Protected Health Information for a purpose that requires your authorization, you may change your mind at any time. Please contact the Sequenom Laboratories' Privacy and Security Officer in writing if you change your mind.

**Our Privacy Commitment**

We understand that Protected Health Information is personal. As a certified laboratory under the Clinical Laboratory Improvement Amendment of 1988 (CLIA) and as a Covered Entity under HIPAA, in most situations, we have an indirect treatment relationship with you in that our interaction is mainly with your health care provider ordering the test. We may at times have a direct treatment relationship with you, as part of our Genetic counseling Services. Because we receive and maintain a record of your Protected Health Information for testing services, please be assured that we are committed to protecting your Protected Health Information.

**This Notice of Privacy Practices Applies to the Following Organizations**

For purposes of this Notice, “Sequenom Center for Molecular Medicine, LLC” doing business as “Sequenom Laboratories” will refer to all laboratories, facilities and operations within Sequenom Center for Molecular Medicine, LLC. These entities will share your Protected Health Information with each other as necessary for treatment, payment, and health care operations relating to Sequenom Laboratories. Sequenom Laboratories provides molecular based laboratory developed testing services. This Notice also applies to Sequenom Laboratories facilities and health care and other service providers, who participate in your care or treatment, including:

- Any health care professional authorized to enter information into any health record established and maintained by Sequenom Laboratories.
- All employees of Sequenom Laboratories, including laboratory medical staff.
- Any health care or service provider who, although not employed by a Sequenom Laboratories facility, provides services to you at a Sequenom Laboratories facility or other facility, including but not limited to laboratory and diagnostic providers.

### Questions

If you have questions about this Notice of Privacy Practices, or want to submit a specific privacy request, or file a complaint, please use the following methods to contact us.

<b>Mail</b>	Sequenom Laboratories Privacy & Security Officer 3595 John Hopkins Court San Diego, CA 92121
<b>Email</b>	privacy&security@sequenom.com