

DOCUMENT NUMBER:

DOCUMENT TITLE:

REVISION HISTORY / NOTES:

Document Information

Revision:

Vault:

Status:

Document Type:

Date Information

Effective Date:

Expiration Date:

Release Date:

Next Review Date:

Control Information

Author:

Owner:

Previous Number:

Change Number:

NOTICE OF PRIVACY PRACTICES

Effective date: March 9, 2015

Your Information. Your Rights. Our Responsibilities.

This notice describes how health information about you may be used and disclosed and how you can get access to this information. **Please review this notice carefully.**

Your Rights

When it comes to your health information, you have certain rights under the Health Insurance Portability and Accountability Act (HIPAA). This section explains your rights as a patient and some of our responsibilities as a HIPAA-Covered Laboratory.

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| <p>Get an electronic or paper copy of your medical record</p> | <ul style="list-style-type: none"> You can ask to see, or get an electronic or paper copy of your medical record, such as your final laboratory test results and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We will charge you a reasonable, cost-based fee. |
| <p>Ask us to correct your medical record</p> | <ul style="list-style-type: none"> You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why, in writing, within 60 days. |
| <p>Request confidential communications</p> | <ul style="list-style-type: none"> 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. We will say “yes” to all reasonable requests. |
| <p>Ask us to limit what we use or share</p> | <ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our health care operations. 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 you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. |
| <p>Get a list of those with whom we’ve shared information</p> | <ul style="list-style-type: none"> You can ask for an accounting of disclosure list containing the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting of disclosure a year for free, but will charge a reasonable, cost-based fee if you ask for another |

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| | one within 12 months. |
| Get a copy of this privacy notice | <ul style="list-style-type: none"> 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. |
| Choose someone to act for you | <ul style="list-style-type: none"> 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 health information on your behalf. We will make sure the person has this authority and can act for you before we take any action. |
| File a complaint if you feel your rights are violated | <ul style="list-style-type: none"> You can complain if you feel we have violated your rights under HIPAA by contacting us using the information at the back page of this notice. You can file a complaint by letter with the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, or by telephone at 877.696.6775, or electronically by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint. |

Our Uses and Disclosures of Your Health Information

We typically use or share your health information in the following ways:

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| To treat you | We can use your health information and share it with other professionals who are treating you. |
| For our laboratory operations | We can use and share your health information for our laboratory operations, to improve your care, and to contact you when necessary. |
| To bill for your services | We can use and share your health information to bill and get payment from health plans or other entities. |

Your Choices About What Health Information We Share

For certain health information, you can tell us your choices about what we share.

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| In these cases, you have both the right and choice to tell us to: | <ul style="list-style-type: none"> Share information with your family, close friends, or others involved in your care Share information in a disaster relief situation |
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| <p>In these cases, we never share your information unless you give us written permission:</p> | <ul style="list-style-type: none"> • Marketing purposes • Sale of your information |
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How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

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| <p>Help with public health and safety issues</p> | <p>We can share health information about you for situations such as:</p> <ul style="list-style-type: none"> • Preventing disease • Reporting adverse reactions • Preventing or reducing a serious threat to anyone’s health or safety |
| <p>Do research</p> | <p>We can use or share your information for health research only after we obtain your consent.</p> |
| <p>Comply with the law</p> | <p>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services.</p> |
| <p>Address workers’ compensation, law enforcement, and other government requests</p> | <p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military or national security |
| <p>Respond to legal actions</p> | <p>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</p> |

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 information we have about you. The new notice will be available upon request and on our web sites: <http://www.sequenom.com> and <http://www.laboratories.sequenom.com>

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you with a copy of the notice.

- We will not use or share your information other than as described here unless you tell us we can in writing.

Our Privacy Commitment

We understand that health information about you and your health is personal. As a CLIA-certified laboratory¹ and a HIPAA-covered laboratory, in most situations, we have an indirect treatment relationship with you in that our interaction is mainly with your health care provider. Since we receive and maintain a record of your health information for testing and diagnostic services, please be assured that we are committed to protecting your health information.

1 . Clinical Laboratory Improvement Amendments of 1988 (CLIA)

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. 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:

| | |
|--------------|---|
| Mail | Sequenom Laboratories Privacy & Security Office 3595 John Hopkins Court, San Diego, CA 92121 |
| Phone | 877.821.7266 |
| Email | Privacy&Security@sequenom.com |

Signature Manifest

Document Number: DC-PRV-SEC-0001

Revision: 4.0

Title: HIPAA Notice Of Privacy Practices

All dates and times are in Pacific Standard Time.

HIPAA NPP

Step 1 - Disclosure Collaboration

| Name/Signature | Title | Date | Meaning/Reason |
|--------------------------------|-----------------------------------|--------------------------|-----------------|
| Dave Henderson (DHENDERSON) | | | |
| Dan Farkas (DAN) | VP Clinical Diagnostics | 03 Mar 2015, 01:45:59 PM | Complete & Quit |
| Robin Weiner (RWEINER) | Sr. VP, Corp Gov and Reg Affai | 03 Mar 2015, 03:24:12 PM | Complete & Quit |
| Celia Szczuka (CSZCZUKA) | Associate General Counsel | 05 Mar 2015, 04:21:34 PM | Complete & Quit |
| Dan Lau (DLAU) | Privacy Analyst | 09 Mar 2015, 10:28:18 AM | Complete |

Step 2 - Disclosure Approval

| Name/Signature | Title | Date | Meaning/Reason |
|--------------------------------|-----------------------------------|--------------------------|----------------|
| Dan Farkas (DAN) | VP Clinical Diagnostics | 09 Mar 2015, 11:09:33 AM | Approved |
| Robin Weiner (RWEINER) | Sr. VP, Corp Gov and Reg Affai | 09 Mar 2015, 11:50:27 AM | Approved |
| Jeff Linton (JLINTON) | Sr. VP and General Counsel | 09 Mar 2015, 01:20:11 PM | Approved |
| Dave Henderson (DHENDERSON) | Chief Information Officer | 11 Mar 2015, 09:52:21 PM | Approved |
| Dan Lau (DLAU) | Privacy Analyst | 12 Mar 2015, 08:02:10 AM | Approved |

Step 3 - Release/Set Dates

| Name/Signature | Title | Date | Meaning/Reason |
|----------------|-----------------|--------------------------|----------------|
| Dan Lau (DLAU) | Privacy Analyst | 12 Mar 2015, 08:06:38 AM | Approved |

Quick Approval

Approve Now

| Name/Signature | Title | Date | Meaning/Reason |
|---------------------|-----------------------------|--------------------------|----------------|
| Rina Ortiz (RORTIZ) | Document Control Supervisor | 12 Mar 2015, 09:51:10 AM | Approved |

Quick Approval

Approve Now

| Name/Signature | Title | Date | Meaning/Reason |
|---------------------------------|--------------------------------|--------------------------|----------------|
| Racheal Quintero (RQUINTERO) | Document Control Specialist II | 12 Mar 2015, 10:53:33 AM | Approved |

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