

Myriad Genetic Laboratories, Inc.
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.

If you have any questions regarding this notice please contact our Privacy Office at
Email: quality@myriad.com
Phone: (801) 883-3263

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change our notice at any time.

I. Uses and Disclosures of Protected Health Information

The following are examples of the types of uses and disclosures of your protected health information that Myriad Genetic Laboratories, Inc. (MGL) is permitted to make. These examples are not comprehensive, but serve as a description of the types of uses and disclosures that may be made.

- Treatment. We may use and disclose your protected health information to provide, coordinate or manage your health care and any other related activities. This includes the coordination or management of your health care with your physician, health care provider or health care plan. For example, we may disclose your protected health care information to a health care provider who, at the request of you or your physician, becomes involved in your care or treatment.
- Payment. We may use your protected health information, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake, such as making a determination of your eligibility for coverage, before it approves or pays for health care services that have been recommended to you. For example, obtaining information about your health insurance plan, including benefits and coverage limitations, may require that your relevant protected health information be disclosed to your health plan in order to obtain approval for health care services.

- Health Care Operations. We may use and disclose your protected health information, as needed, in order to support the business activities of our company. These activities include, but are not limited to, quality assessment and improvement activities, accreditation, certification, licensing, competency reviews and conducting or arranging for other business activities that our company is involved in. For example, we may disclose your protected health information to accrediting agencies for the purpose of evaluating laboratory performance within established performance standards.

We may share your protected health information with third party ‘business associates’ that perform various activities (for example collections services or accrediting agencies) for our company. Whenever an arrangement between our company and a business associate involves the use or disclosure of your protected health information, we will have a written contract in place that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary to provide you with information about treatment alternatives or health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you information about our company and the services that we offer. We may also send you information about products or services that may be beneficial to you. You do have the right to contact our Privacy Office to request that these materials not be sent to you.

II. Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that MGL or MGL’s business associates has taken an action in reliance on the use of disclosure indicated in the authorization.

III. Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then MGL may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

- Others Involved in Your Healthcare. Unless you object, we may disclose to a member of your family, relative, a close friend or any other person you specifically identify, your protected health information that directly relates to that persons involvement in your health care.
- Emergencies. Unless you object, we may use or disclose your protected health information in an emergency treatment situation.

IV. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. The situations include:

- Required by Law. We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- Public Health. We may use or disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. This may include coroners, medical examiners and other agencies responsible for collecting this information.
- Health Oversight. We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information may include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- Law Enforcement. We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes.
- Research. We may disclose your protected health information to researchers when their research has been approved by an institutional review or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- Criminal Activity. Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

- National Security and Military Activity. When appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- Workers' Compensation. We may disclose your protected health information in order to comply with workers' compensation laws and other similar legally-established programs.

V. Your Rights Regarding Protected Health Information

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- The Right to Inspect and Copy Your Protected Health Information. You may inspect and obtain a copy of your protected health information that is maintained in a designated record set for as long as we maintain the protected health information. A 'designated record set' contains medical, billing and any other records that is used for making decisions about you. In certain situations, you may not be allowed to inspect or copy your protected health information. For example, the Clinical Laboratory Improvement Amendments (CLIA) only permit authorized persons, as defined by state law, to receive clinical laboratory test records and results.

Requests for access to or copies of your protected health information should be directed to the Customer Service Department.

- The Right to Request a Restriction of Your Protected Health Information. You may ask us not to disclose any part of your protected health information for the purposes of treatment, payment and health care operations. Any request must state the specific restriction requested and to whom you want the restriction to apply. We will consider your request but are not legally required to accept it. In addition, you may not limit the uses and disclosures that we are legally required to make.

Requests for restrictions should be directed to the Customer Service Department.

- The Right to Request How We Send Protected Health Information. You have the right to ask that we send information to you to an alternate address or by alternate means (other than regular mail). We must agree to your request so long as we can provide your protected health information in the format requested.

Requests for alternate means of sending protected health information and the use of alternate addresses should be directed to the Customer Service Department.

- The Right to Amend Your Protected Health Information. You have the right to request an amendment of protected health information in a designated record set as long as we maintain the information for you. In certain cases, we may deny your request for an amendment. Our written denial will state the reasons for the denial and will explain your right to file a written statement of disagreement. If your request for an amendment is approved, we will notify you and any other parties that need to know about the changes to your Protected Health Information.

Requests for amendments to medical records should be directed to the Customer Service Department.

- The Right to Receive an Accounting of Certain Disclosures of Your Protected Health Information. You have the right to request an accounting of disclosures for purposes other than treatment, payment and health care operations as previously described in this Notice of Privacy Practices. It excludes disclosures that have been made to you and for certain other purposes. You have the right to receive specific information regarding these disclosures that have occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Requests for an accounting of disclosures should be directed to the Customer Service Department.

- You Have the Right to Obtain a Paper Copy or Electronic Copy of This Notice. You have a right to receive a copy of this notice by e-mail. If you agreed to accept this notice electronically, you also have the right to request a paper copy of this notice.

Requests regarding the Notice of Privacy Practices should be directed to the Customer Service Department.

- How to Contact the Customer Service Department

The Customer Service Department can be contacted by phone or by mail at:

Phone: (800) 469-7432
Mail: Myriad Genetic Laboratories, Inc.
c/o Customer Services
320 Wakara Way
Salt Lake City, UT 84108

VI. Complaints

If you believe that your privacy rights have been violated by us or disagree with our privacy practices, you may file a complaint. You may file a complaint with us by notifying our Privacy Office or you may send a written complaint to the Secretary of

Health and Human Services. We will not retaliate against you if you file a complaint about our privacy practices.

For further information regarding our complaint process, you may contact our Privacy Office by phone at:

Phone: (801) 883-3263

Email: quality@myriad.com

Mail: Myriad Genetic Laboratories, Inc.
MGL Quality and Compliance Department
320 Wakara Way
Salt Lake City, UT 84108

VII. Effective Date

This notice was published and became effective on April 14, 2003.