



July 11, 2013

## Notice of Privacy Practices

### Singulex, Inc.

Privacy Officer: 800-400-4344

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

*We understand the importance of privacy and are committed to maintaining the confidentiality of your Protected Health Information (defined below). This is the current Notice of Privacy Practices (NPP) that applies to Singulex, Inc. (“Singulex”). This NPP is required by regulations under the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). This NPP describes how we may use and disclose your Protected Health Information and your rights and our legal obligations with respect to your Protected Health Information. If you have any questions about this NPP, please contact our Privacy Officer listed above.*

#### **A. How Singulex May Use or Disclose Your Protected Health Information**

This NPP applies to your “Protected Health Information,” which is any form of Protected Health Information that is created, received or maintained by Singulex that specifically identifies you and relates to your health condition, your care, or to payment for your health care. Protected Health Information includes any of the following types of documentation, if it reveals your identity and your health status or payment issues: medical records (such as your laboratory results or doctor’s notes); medical bills (such as bills for laboratory services); claims data; and insurance payment information. As a reference laboratory and educational firm, Singulex collects Protected Health Information about you and stores it electronically on a computer. This is your medical record. The medical record is the property of Singulex, but the information in the medical record belongs to you. Singulex is required by law to maintain the privacy of your Protected Health Information and we have established a policy to protect against any unnecessary uses and disclosures of your Protected Health Information. Singulex will make reasonable efforts to limit the disclosure and use of your Protected Health Information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request, unless otherwise allowed by law. The law permits us to use or disclose the minimum amount of your Protected Health Information necessary for the following purposes:

1. Treatment. We use your Protected Health Information to provide you clinical education, to help your physician and other healthcare providers provide you medical care, and to conduct diagnostic tests. We disclose Protected Health Information to our employees and other health care providers who are involved in providing the clinical education and related care you need. For example, we may share your Protected Health Information with physicians or other health care providers who will provide medical services that we do not provide. We may share Protected Health Information with the physician who has ordered the Singulex tests, to help guide us in assisting you in nutrition or exercise programs. We may also disclose Protected

## Notice of Privacy Practices

Health Information to a health care provider in order to provide you with treatment in the event of an emergency. With your consent, certain clinical results and information related to the Singulex, will be made available through our secure website, which can be accessed only by authorized Singulex parties, your physician and his authorized staff, and yourself through a secure password. We may obtain protocols from your physician regarding how often they wish you to have diagnostic tests to assist them in your care management, and we may assist in the preparation of your test requisition and obtaining specimens.

2. Payment. We use and disclose Protected Health Information about you to obtain and collect payment for the services we provide. For example, we give your health plan the information it requires before it will pay us or in order to authorize services. We may also disclose Protected Health Information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. Health Care Operations. We may use and disclose Protected Health Information about you to operate this reference laboratory and educational firm. For example, we may use and disclose this information to review and improve the quality of care we provide and the competence and qualifications of our professional staff. From time to time we may monitor your clinical education session. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their health care operations, such as quality assessment and improvement activities, efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

4. Business Associates. We may also share your Protected Health Information with our "business associates" that perform certain administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your Protected Health Information.

5. Appointment Reminders. We may use and disclose Protected Health Information to contact and remind you about appointments, or to alert you regarding possible follow up testing. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

6. Notification and Communication With Family. We may disclose your Protected Health Information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are

## Notice of Privacy Practices

unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Required by Law. As required by law, we will use and disclose your Protected Health Information, but we will limit our use or disclosure to the relevant requirements of any federal, state, or local law; or in response to a court order or other lawful request. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

8. Public Health. We may, and are sometimes required by law to disclose your Protected Health Information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

9. Health Oversight Activities. We may, and are sometimes required by law to disclose your Protected Health Information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

10. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your Protected Health Information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

11. Law Enforcement. We may, and are sometimes required by law, to disclose your Protected Health Information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

12. Coroners, Medical Examiners and Funeral Directors. We may, and are often required by law, to disclose your Protected Health Information to coroners, medical examiners, and funeral directors in connection with their investigations of deaths.

13. Organ or Tissue Donation. We may disclose your Protected Health Information to organizations involved in procuring, banking or transplanting organs and tissues.

14. Public Safety. We may, and are sometimes required by law, to disclose your Protected Health Information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

15. Specialized Government Functions. We may disclose your Protected Health Information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

16. Worker's Compensation. We may disclose your Protected Health Information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by worker's compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

17. Research. We may disclose your Protected Health Information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law. We may also review your information to determine if you are a candidate for research. However we will not enroll you in any clinical research without your written authorization. We may from time to time use laboratory samples for research that have been de-identified and do not contain any identification connecting the sample to you.

18. De-identified Health Information. We may use and disclose health information that has been "de-identified" by removing certain identifiers, making it unlikely that you could be identified. We may also disclose limited health information contained in a "limited data set." The limited data set does not contain any information that can directly identify you. For example, a limited data set may include your city, county, and Zip code but not your name or street address.

## **B. When Singulex May Not Use or Disclose Your Protected Health Information**

Except as described in this NPP, this reference laboratory and educational firm will not use or disclose Protected Health Information which identifies you without your written authorization. If you do authorize this reference laboratory and educational firm to use or disclose your Protected Health Information for another purpose, you may revoke your authorization in writing at any time.

## **C. Your Protected Health Information Rights**

1. Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your Protected Health Information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision. If we accept your request, the restrictions will not apply to any Protected Health Information disclosed prior to your request.

2. Right to Request Confidential Communications. You have the right to request that you receive your Protected Health Information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Inspect and Copy. You have the right to inspect and copy your Protected Health Information, with limited exceptions. To access your Protected Health Information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee for the costs of copying, postage and other supplies associated with the request, as allowed by California and federal law. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. We may deny your access to the clinical laboratory results we have unless they have been reviewed by the ordering or requesting physician. If this is the case we will refer you to the ordering or requesting physician who can handle your request for the laboratory results.

4. Right to Amend or Supplement. You have a right to request that we amend your Protected Health Information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your Protected Health Information, and will provide you with information about this reference laboratory and educational firm's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of reasonable length, concerning any statement or item you believe to be incomplete or incorrect.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your Protected Health Information made by this reference laboratory and educational firm, except that this reference laboratory and educational firm does not have to account for the permitted disclosures listed above. The request must specify the time period for which you are requesting the accounting and may not be for a period of time going back more than six (6) years. The first accounting you request within a 12-month period will be free of charge. For additional accountings within that same 12-month period, you may be charged a reasonable fee. If we maintain your Protected Health Information in an electronic format, an accounting of disclosures shall include disclosures made for treatment, payment or health care operations purposes within the three year period directly preceding the date of your request for an accounting of disclosures.

6. Right to A Paper Copy of the NPP. You have a right to a paper copy of this NPP, even if you have previously requested its receipt by e-mail.

7. Right to pay out-of-pocket. You have the right to pay out-of-pocket for our services, and if you do so, you have the right to require that we not submit your Protected Health Information to your health plan.

8. Duty of Notification. We have a duty to notify affected individuals following a breach of unsecured Protected Health Information.

## Notice of Privacy Practices

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this NPP.

### **D. Changes to this NPP**

We reserve the right to amend this NPP at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will be effective prior to the date of first generation or receipt of Protected Health Information by Singulex and will apply to all Protected Health Information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area or in an equally prominent area, and a copy will be available at each appointment. We will also post the current notice on our website.

### **E. Complaints**

Complaints about this NPP or how this reference laboratory and educational firm handles your Protected Health Information should be directed to our Privacy Officer at 1-800-400-4344, or by sending a written request to:

HIPAA Privacy Officer  
Singulex, Inc.  
1701 Harbor Bay Parkway, Suite 200  
Alameda, CA 94502, USA  
Email: [Compliance.Officer@Singulex.com](mailto:Compliance.Officer@Singulex.com)

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Department of Health and Human Services, Office of Civil Rights.