

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.

VERACYTE NOTICE OF PRIVACY PRACTICES

Veracyte, Inc. is committed to maintaining the privacy of your protected health information (PHI) that is provided to us. PHI is information about you, including basic demographic information, that may identify you and that relates to your past, present or future physical or mental health condition, treatment, or payment for health services. A reference to “Veracyte,” “we,” “us,” or “our” is a reference to Veracyte, Inc. and/or any affiliate involved in the use and/or disclosure of PHI, which could include Veracyte International Corp., Veracyte Global BV, Decipher Biosciences, Inc., Decipher Corp., HalioDx SAS, and/or HalioDx Inc.

This document specifies our privacy practices and legal duties with respect to your PHI, including how we use and/or disclose your PHI in compliance with the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (the “HIPAA Privacy Standards”). This Notice describes how we may use and disclose your PHI to carry out treatment, payment, and health care operations, and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

Your Protected Health Information

In order to provide you with laboratory services, we receive your PHI from your healthcare provider or another laboratory that asked us to test your sample. We protect this information regardless of the form in which we receive it (e.g., oral, written, or recorded in other media).

You have the right to request your test results. To obtain these results, you must first complete Veracyte’s Authorization Form for the Release of Health Information. Once you have submitted this form, we will respond to your request within 30 days. Please contact Veracyte Customer Care at 1.844.558.8372 or support@veracyte.com for more information.

Examples of Allowable Uses or Disclosures of Your Personal Health Information

Under the HIPAA Privacy Standards, we are permitted to receive and disclose your PHI without obtaining your authorization, for treatment, payment, and healthcare operations purposes, and for other purposes permitted or required by law as explained below:

Treatment: We may use PHI to provide you with healthcare services. For example, when we receive a requisition for laboratory services requested by your healthcare provider or a referring laboratory, it contains your name, age, and other identifiable information. The disclosure of this information to us is considered treatment, as is our disclosure of the laboratory results to the referring laboratory or your healthcare provider.

Payment: We may use and disclose your PHI so that it or other entities involved in your care may obtain payment from you, an insurance company, or a third party for services you receive. We may disclose your PHI to any person, Social Security Administration, insurance or benefit payor, health care service plan or worker’s compensation carrier which is, or may be, responsible for part of or your entire bill. We may also tell your insurer about the medical

service / test you are going to receive to obtain prior approval, to determine whether your plan will cover the test, or to resolve an appeal or grievance.

Healthcare Operations: We may disclose your information as part of our internal operations to maintain the high quality of our laboratory services. We may use or disclose PHI, for instance, to improve products or services, assure quality, review the qualifications of laboratory professionals, conduct training, de-identify your PHI to conduct research or study health care, or perform accreditation, certification, licensing, or credentialing activities or other administrative functions.

Health-Related Benefits and Services: We may use and disclose your PHI to tell you about health-related benefits, products or services.

As required by law: We may use or disclose PHI if required to do so by state or federal law.

Disclosures to your representative and/or individuals involved in your care: We may disclose your PHI to your friends or family members who are involved in your care, including those who are responsible for paying for your care. We may also disclose PHI to your personal representative, as established under applicable law, or to an administrator or authorized individual associated with your estate. As permitted by federal and state law, we may disclose PHI about minors to their parents or guardians.

Disclosures to Business Associates: We may disclose your PHI to certain of our service providers that have agreed to maintain the privacy and security thereof in accordance with the HIPAA Privacy standards.

Other Use and Disclosure When Required by Law

The HIPAA Privacy Standards specify certain other circumstances where we may legally use or disclose protected health information without your authorization; these situations generally are for public health and safety, legal, and judicial purposes.

Public health: As required by law, we may disclose your health information to public health or legal authorities and other entities charged with preventing or controlling disease, injury, or disability. We may also disclose health information for health oversight activities, including but not limited to audits, investigations, examinations, inspections, and licensure.

Abuse, Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Research: Under certain circumstances, we may use and disclose PHI for research purposes, regardless of the funding for such research. We may disclose information to researchers when an institution's review board (a committee that reviews the ethics of research projects) has reviewed the proposed study and established protocols to ensure the privacy of the health information used in their research 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 descendants to researchers under certain circumstances.

Organ procurement organizations: We may disclose health information consistent with applicable law to organ procurement organizations or other entities for the purposes of tissue donation and transplant.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death or to funeral directors, as authorized by law, so that they may carry out their jobs.

Food and Drug Administration (FDA): We may disclose PHI, without your authorization, to a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety or effectiveness of FDA-regulated products or activities such as adverse events with respect to product defects or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by, and necessary to comply with, laws relating to workers compensation or other similar programs established by law.

Correctional institution: If you are or become an inmate of a correctional institution or under the custody of law enforcement official, we may disclose to the institution or agents thereof health information necessary for your health and safety, and that of other individuals.

To Avert a Serious Threat to Health or Safety: We may disclose PHI to a person able to help prevent a serious threat to your health and safety or the health and safety of the public or another person.

To Sponsors of Group Health Plans: We may disclose PHI to the sponsor of a self-funded group health plan. We may also give your employer information on whether you are enrolled in or have dis-enrolled from a health plan offered by your employer.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, court order, subpoena, warrant, summons or similar process. We may also disclose health information to appropriate agencies if we believe there is the possibility of criminal conduct, abuse, neglect, or domestic violence.

Judicial proceedings: We may disclose health information to courts or administrative agencies in response to a court or administrative order, a discovery request, or other lawful process. In the case of the latter, we will not disclose the information unless we are satisfied that you have been given notice of the request and have not objected, or the party seeking the information obtains an order protecting the information from further disclosure. We also may disclose information to our attorneys and, in accordance with applicable state law, to attorneys working on our behalf.

National Security; Intelligence Activities; Protective Service: We may disclose health information to federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.

Military: We may disclose health information to appropriate domestic or foreign military authority as authorized by law.

In All Other Situations We Use and Disclose Your Personal Information Only with Your Authorization

Except as otherwise permitted or required, we do not use or disclose your personal health information without your written authorization, including for marketing purposes and disclosures that would constitute the sale of PHI, and then we use or disclose it only in a manner consistent with the terms of that authorization. You may revoke the authorization to use or disclose any PHI at any time, by writing to the contact person listed in this Notice, unless we have already acted in reliance upon that authorization. Your revocation will not affect our obligation to retain records regarding the care and services that we provide to you.

Your Rights With Respect to Your Personal Health Information

Under the HIPAA Privacy Standards, you have certain rights with respect to your PHI, which include:

Right to Inspect and Copy Protected Health Information: You have the right to inspect and copy your PHI in our possession by submitting your request to us in writing. You have a right to obtain a paper or electronic copy. You may also request where the PHI is to be sent. If you request a copy of the PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. You may also ask your healthcare provider for a copy of your test results, if you wish.

Right to Receive Personal Health Information via Confidential Communications: You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we contact you at work or by mail. To request confidential communications, you may make your request in writing. You may also telephone the Privacy Officer, however in order to protect your privacy we may not be able to accommodate requests made by telephone. We will not ask you the reason for your request, and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive this Notice of Privacy Practices: You can request and receive a free copy of this Notice in printed or electronic form by writing or calling the contact person listed in this Notice, even if you have previously agreed to receive this notice electronically.

Right to Request Restrictions on Use or Disclosure: You can request restrictions on certain uses and disclosures of their personal health information; we are not required to agree with the request unless the requested restriction involves a disclosure not required by law to a health plan for purposes of payment or health care operations, and you have paid for the applicable services in full out of pocket. You must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. If we do agree, we will not violate that restriction except in certain emergency situations. You may ask your healthcare provider to request that Veracyte restrict the disclosure of your test results, if you wish.

Right to Amend Protected Health Information: You can request that we amend your protected health information or your clinical record. You have the right to request an amendment for as long as the PHI is kept by or for us. To request an amendment, your request must be made in writing, and you must provide a reason that supports your request. The HIPAA Privacy Standards provide that we can deny the request for amendment under certain specified circumstances. If we do deny your request to amend, we will explain why to you, and explain your rights to seek review of that decision, if required under the HIPAA Privacy Standards. You may ask your healthcare provider to request that Veracyte amend your test results, if you wish.

Right to Receive An Accounting of Disclosures of Personal Health Information: You can get a written accounting of all of our disclosures of your personal health information not directly related to treatment, payment, healthcare operations, or disclosed based on a signed authorization or for other legitimate purposes as stated above. To request this accounting of disclosures you must submit your request in writing. Your request must state the time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically.) The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. The right to receive an accounting is subject to certain exceptions, restrictions and limitations. You may ask your healthcare provider to request that Veracyte provide an accounting of all disclosures of your test results, if you wish.

Right to Complain: We are committed to complying with the privacy practices described in this Notice. If you believe that we have violated any of them, you may file a complaint with us and/or with the Department of Health and Human Services, Office of Civil Rights. To file a complaint with us, please send a letter to the contact person listed in this Notice. We will provide you with the address to file a complaint with the U.S. Department of Health and Human Services upon request. Veracyte will not retaliate in any way if you file a complaint with the Office of Civil Rights or with us.

Right to be Notified of a Breach. You have the right to be notified if there is a breach (a compromise to the security or privacy of your health information) due to your health information being unsecured. You will receive notification of the breach as required under applicable law.

Amendments to this Notice of Privacy Practices

We can revise or amend this **Notice of Privacy Practices** at any time and make the revisions effective for all personal information we receive and maintain, including any we created or received before the effective date of the revision or amendment. We will post the most recent version of this Notice on our website, at www.veracyte.com.

Access to Our Notice of Privacy Practices

You may request a copy of our current **Notice of Privacy Practices**, by writing to the contact person on this Notice. The current Notice of Privacy Practices is also available at our web site: www.veracyte.com.

Contacting Us Regarding our Privacy Practices

If you have any questions about our privacy practices, this Notice, or your rights with respect to our use and disclosure of your PHI, please contact us. Send questions, requests, or complaints to:

Veracyte, Inc.
Attn: Privacy Officer
6000 Shoreline Court, Suite 300
South San Francisco, CA 94080
Phone: 844.558.8372
Email: privacy@veracyte.com