

HIPAA Privacy Policy

We are committed to protecting the privacy of your protected health information. 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.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We are committed to protecting the privacy of “protected health information” about you, as that term is defined in the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). With certain limited exceptions, protected health information is generally defined as information that identifies an individual or that reasonably can be used to identify an individual, and that relates to the individual’s past, present, or future health or condition, healthcare provided to the individual, or the past, present, or future payment for healthcare provided to the individual. For simplicity, we will refer to protected health information simply as “health information” in this Notice. Our privacy practices concerning your health information are as follows:

- We will safeguard the privacy of health information that we have created or received as required by law.
- We will explain how, when and why we use and/or disclose your health information.
- We will comply with the provisions of this Notice and only use and/or disclose health information about you as described in this Notice.
- We will provide notice of a BIOKINETIX breach of unsecured health information occurs.

WHO WILL FOLLOW THIS NOTICE?

This Notice applies to the workforce members of BIOKINETIX including:

- Any BLOKINETIX employee, health care professional or non-health care employee authorized to enter and/or access health information in your BLOKINETIX file

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we may use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose health information will fall within at least one of the categories.

Contacting You

We may use and disclose health information to contact you about appointments, clinical instructions, surveys, or general communications. We may contact you by mail, telephone, email, or text message when you provide your address, telephone number, email address, or mobile phone number.

De-identified Health Information

We may use your health information to create “de-identified” information that is not identifiable to any individual in accordance with HIPAA. We may also disclose your health information to a covered entity or business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.

Limited Data Set

We may use your health information to create a “limited data set” (health information that has certain identifying information removed). We may also disclose your health information to a business associate for the purpose of creating a limited data set, regardless of whether we will use the limited data set. We may use and disclose a limited data set only for research, public health, or health care operations purposes, and any person receiving the limited data set must sign an agreement to protect the health information.

SPECIAL SITUATIONS

We may use and/or disclose health information about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

As Required by Law

We will disclose your health information when required to do so by federal, state, or local law or other judicial or administrative proceedings. For example, we may disclose your health information in response to an order of a court or administrative tribunal.

To Avert a Serious Threat to Health or Safety

We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.

Public Health Risks

We may disclose your health information to appropriate government authorities for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

- To notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect or domestic violence.

We will only make this disclosure if you agree or when required or authorized by law.

Workers' Compensation

We may release your health information for workers' compensation or similar programs as requested by your employer. These programs provide benefits for work-related injuries or illness.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your health information. To inspect and copy your health information, please send a request to privacy@biokinetix.com for instructions on how to submit your written request. If you request a copy of the health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will respond to you within 30 days of receiving your written request. Under certain situations, we may deny your request in writing, describing the reason for denial and your rights to request a review of our denial. We may decline to process requests that jeopardize the privacy of others, are extremely impractical or for which access is not otherwise required by local law.

Right to Amend

You have the right to request that we make amendments to clinical and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:

- The health information was not created by BIOKINETIX unless you provide a reasonable basis for us to believe that the originator of the health information is no longer available to make the amendment.
- The health information is not part of the health information used to make decisions about you.
- We believe the health information is correct and complete.
- You would not have the right to inspect and copy the record as described above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the health information, we will make reasonable efforts to inform others of the amendment, including persons you name that have received your health information. Please visit biokinetix.com to obtain for PF9A Request to Amend PHI to request an amendment to your record.

Right to an Accounting of Disclosures

You have the right to receive a written list of certain disclosures we made of your health information. You may ask for disclosures made, up to six (6) years before your request. We are required to provide a listing of all disclosures, except the following:

- For treatment, payment, or health care operations purposes.
- Occurring as a byproduct of permitted uses and disclosures.
- Made to or requested by you or that you authorized.
- Made to individuals involved in your care, for directory or notification purposes, or for disaster relief purposes.
- Made for national security or intelligence purposes.
- Made to correctional institutions and other law enforcement officials.

- Made as part of a limited data set which does not contain certain health information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the health information, a brief description of the health information disclosed, and the purpose of the disclosure. To request this list or accounting of disclosures, you must submit your request on the appropriate form PF7A Disclosure of PHI, which can be obtained at biokinetix.com.

Right to Request Restrictions

You have the right to request that we restrict the use and disclosure of your health information. We are not required to agree to your requested restrictions, except we will honor your request to not disclose to your health plan if the disclosure is for payment or healthcare operations purposes (and is not otherwise required by law) and the health information pertains solely to items or services for which you have paid out of pocket in full. If we agree to your request, there are certain situations when we may not be able to comply with your request. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures that do not require your authorization. You may request a restriction by submitting the form PF6 Authorization for Use of Exchange of PHI, which can be obtained by visiting biokinetix.com.

Right to Request Confidential Communications (Alternative Ways)

You have the right to request confidential communications, i.e., how and where we contact you, about your health information. For example, you may request that we contact you at your work address or phone number. Your request must be in writing and submitted to the BOKINETIX privacy official. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on your health plan(s) to obtain prior approval.

NOTICE OF NONDISCRIMINATION

BIOKINETIX complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or expression. BIOKINETIX does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity or expression. If you believe that BIOKINETIX has failed or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation please contact us via email at info@biokinetix.com.

Changes To This Privacy Notice

This Privacy Notice is effective as of 04/29/2026 and will remain in effect except with respect to any changes in its provisions in the future, which will be in effect immediately after being posted on this page.

We reserve the right to update or change our Privacy Notice at any time and you should check this Privacy Notice periodically. Your continued use of the Service after we post any modifications to the Privacy Notice on this page will constitute your acknowledgment of the modifications and your consent to abide and be bound by the modified Privacy Notice. If we make any material changes to this Privacy Notice, we will notify you either through the e-mail address you have provided us, or by placing a prominent notice on our website.

Contact Us

If you have any questions or comments about this Notice of Privacy, if you would like to make a privacy complaint, if you would like us to update information we have about you, or would like to request data erasure, please contact us by emailing us at info@biokinetix.com.