MEDTOX 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.

MEDTOX Laboratories Inc. is committed to safeguarding the privacy and confidentiality of patients' protected health information. It is our policy to be in compliance with the requirements of federal and Minnesota state law related to protecting the privacy of health information, including the Standards for Privacy of Individually Identifiable Health Information (45 CFR, Parts 160 and 164 — commonly called the "HIPAA Final Privacy Rule"). MEDTOX Laboratories will comply with out-of-state regulations as applicable.

This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by MEDTOX. We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

MEDTOX Laboratories Inc. is a covered entity providing indirect patient treatment in the form of laboratory testing services. Patient specimens are received from other covered entities (hospitals, laboratories, clinics) for testing. MEDTOX may use or disclose protected health information, PHI, for treatment, payment, or healthcare operations. MEDTOX may disclose PHI for treatment activities of another healthcare provider. A physician sharing PHI with a laboratory is considered treatment; a laboratory sharing PHI with an outside reference laboratory is considered treatment. MEDTOX may disclose PHI to Public Health entities for disease control, injury prevention and other epidemiological activities as required by federal, state or local law. MEDTOX may disclose PHI to another covered entity or healthcare provider for payment activities. Payment activities may include: obtaining premiums, determining eligibility or coverage, coordination of benefits, billing and collections, medical necessity or coverage review, utilization review, or disclosing information to collection agencies. MEDTOX will make reasonable efforts so that no more than the "minimum necessary" PHI is used or disclosed.

MEDTOX, as a health care provider and a covered entity is responsible to comply with all HIPAA requirements and under these requirements is permitted to receive specimens, perform testing, and report results to other healthcare providers. MEDTOX Laboratories as a CLIA Accredited Laboratory is permitted to release clinical laboratory test results only to the authorized person who ordered the test.

Your medical information may be used and disclosed for the following purposes:

- **Treatment:** MEDTOX Laboratories provide indirect treatment to the patient. Laboratory test results may be used to provide, coordinate, and manage your care and treatment

- **Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at MEDTOX so your health plan will pay us or reimburse you for the treatment.

- **Health Care Operations:** We may use and disclose medical information about you for MEDTOX Laboratories' health care operations. Health care operations are the uses and disclosures of information that are necessary to run MEDTOX and to make sure that all of our patients receive quality care.

- **Research:** Federal law permits MEDTOX to use and disclose medical information about you for research purposes, either with your specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. Minnesota law generally requires that we get your general consent before we disclose your health information to an outside researcher. We will make a good faith effort to obtain your consent or refusal to participate in any research study, as required by law, prior to releasing any identifiable information about you to outside researchers.

- **As Required by Law:** We will disclose medical information about you when we are required to do so by federal, state or local law.

- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you 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 must be only to someone able to help prevent the threat. In addition, Minnesota law generally does not permit these disclosures unless we have your written consent health care professionals have a "duty to warn." to do so or when the disclosure is specifically required by law, including the limited circumstances in which MEDTOX

- **To Business Associates:** Some services are provided by or to MEDTOX through contracts with business associates. Examples include MEDTOX Laboratories', attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our business associate so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to redisclose the information unless specifically permitted by law.

Your medical information may be released in the following special situations:

- **Organ and Tissue Donation:** We may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. The information that MEDTOX may disclose is limited to the information necessary to make a transplant possible.

- **Military and Veterans:** If you are a member of the armed forces, we will release medical information about you as requested by military command authorities if we are required to do so by law, or when we have your written consent. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law or with written consent.

- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. We are permitted to disclose this information to the parties involved in the claim without any specific consent, so long as the information is related to a workers' compensation claim.

- **Public Health:** We may disclose medical information to public health authorities about you for public health activities. These disclosures generally include the following:

  - Preventing or controlling disease, injury or disability;
  - Reporting births and deaths;
  - Reporting child abuse or neglect, or abuse of a vulnerable adult;
  - Reporting reactions to medications or problems with products;
  - Notifying people of recalls of products they may be using;
  - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
  - Reporting to the FDA as permitted or required by law.

- **Health Oversight Activities:** MEDTOX may disclose medical information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Minnesota law requires that patient-identifying information (for example, your name, social security number, etc.) be removed from most disclosures for health oversight purposes, unless you have provided us with written consent for the disclosure.

- **Lawsuits and Disputes:** If you are involved in a lawsuit, dispute, or other judicial proceeding, we will disclose medical information about you only in response to a valid court order, administrative order, or a grand jury subpoena, or with your written consent.

- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official in response to a valid court order, grand jury subpoena, or warrant, or with your written consent. In addition, we are required to report certain types of wounds, such as gunshot wounds and some burns. In most cases, reports will include only the fact of injury, and any additional disclosures would require your consent or a court order.

  We may also release information to law enforcement that is not a part of the health record (in other words, non-medical information) for the following reasons:

  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - If you are the victim of a crime, if, under certain limited circumstances, we are unable to obtain your agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at our facility; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners, and Funeral Directors:** We will release medical information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon the request of the coroner or medical examiner. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties. Other disclosures from your health record will require the consent of a surviving spouse, parent, a person appointed by you in writing, or your legally authorized representative.

- **National Security and Intelligence Activities:** We will release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities only as required by law or with your written consent.

- **Protective Services for the President and Others:** We will disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations only as required by law or with your written consent.

- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will release medical information about you to the correctional institution or law enforcement official only as required by law or with your written consent.

Regarding medical information we maintain about you:

- In Minnesota, patients do not have a legal right to access the following records:

  a. Information compiled in reasonable anticipation of a court or administrative proceeding;

b. Records maintained by a laboratory under CLIA (these records should be released only to the person who ordered the test); or

c. Records subject to the Privacy Act if the denial of access meets Privacy Act requirements (applies to government agencies).

- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. This list will not include disclosures for treatment, payment, and health care operations; disclosures that you have authorized or that have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures.

  To request this list of disclosures, you must submit your request in writing to MEDTOX Laboratories Inc., Quality Assurance**.** Your request must state a time period for which you would like the accounting. The accounting period may not go back further than six years from the date of the request, and it may not include dates before April 14, 2003. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

- **Right to a Paper Copy of This Notice**: You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice any time. This notice is on our website, www.medtox.com.

Changes to This Notice

The effective date of this notice is April 14, 2003. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. If the terms of this notice are changed, MEDTOX will post the revised notice on our website and in designated locations at MEDTOX.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with MEDTOX laboratories Inc, contact Susan Puskas Vice President Quality, Regulatory Affairs & Human Resources. All complaints must be submitted in writing. ***You will not be penalized for filing a complaint.***

Other Uses of Medical Information

Except as described above, MEDTOX will not use or disclose your protected health information without a specific written authorization from you. If you provide us with this written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.