



HIPAA 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.

We are committed to keeping your protected health information private and secure, and it is our legal duty to respect the confidentiality and integrity of your information.

This Notice describes the privacy practices of Biodesix, Inc. ("Biodesix") and its affiliates (collectively, "we," "our," "us," or Biodesix) related to your medical information including protected health information ("PHI") as defined under the Health Insurance Portability and Accountability Act and related regulations, as amended ("HIPAA"). This Notice applies to all of the PHI that identifies you in connection to the services you receive from Biodesix.

Federal and/or state laws require us to protect your PHI and to describe to you how we handle that information. When federal and state privacy laws are different or conflict, we will follow the law that provides you with additional protections and rights.

BIODESIX AND AFFILIATED FACILITIES

We and our affiliated facilities may share your PHI with one another for reasons of providing our services to you, payment for those services, and our health care operations as described below.

HOW BIODESIX MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

When you become a patient of Biodesix we will use your PHI within Biodesix and disclose your PHI outside Biodesix for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your PHI.

Treatment. We use or disclose your PHI for treatment purposes, including disclosure to doctors, nurses, technicians, or other health care professionals who provide you with health care services and/or are involved in the coordination of your care, such as providing your physician with your laboratory test results. We may share certain information with person(s) you identify as a family member, relative, friend, or other person that is directly involved in your care or payment for your care.

Payment. We may use and disclose your PHI to bill and collect payment for services we provide. For example, we may provide information about a diagnostic test you received to your health plan so it will pay us or reimburse you for the test. We may also tell your health plan about a service you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

Health Care Operations. We may use or disclose your PHI for our health care operations. For example, we may use your PHI to evaluate the quality of our laboratory testing, accuracy of results, accreditation function, and to evaluate the performance of our staff. We also may combine PHI about many patients

Effective August 19, 2019; Revised March 11, 2024

10772587v1

to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, and other health care providers or health plans for learning and quality improvement purposes.

Contacting You. We may use and disclose PHI to reach you about appointments and other matters. We may contact you by mail, telephone, or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Health-Related Services. We may use and disclose PHI about you to send you mailings about health-related products and services available at Biodesix.

Philanthropic Support. We may use or disclose certain PHI about you to contact you in an effort to raise funds to support Biodesix and our operations. You have a right to choose not to receive these communications and we will tell you how to cancel them.

Clinical Research. Our clinical researchers may look at your health records as part of your current care, or to prepare or perform research. They may share your PHI with other Biodesix researchers. All patient research conducted at Biodesix goes through a special process required by law that reviews protections for patients involved in research, including privacy. We will not use your PHI or disclose it outside Biodesix for research reasons without either getting your prior written approval or determining that your privacy is protected.

Public Health and Safety. We will disclose PHI about you outside Biodesix when required to do so by federal, state, or local law, or by other legal process (e.g., for judicial and administrative proceedings, including court or administrative orders and in response to a subpoena). We may disclose PHI about you for public health and safety reasons. We may also share your PHI when needed to lessen a serious and imminent threat to health or safety such as to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose PHI to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure. We also may disclose PHI about you in the event of an emergency or for disaster relief purposes.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

As described above, we will use your PHI and disclose it outside Biodesix for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your PHI for other reasons without your written authorization.

With your written permission, we may share your PHI to promote our own products and services or for marketing purposes. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your PHI already made with your authorization.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

Right to Inspect and Obtain Copy. You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the Privacy Officer via a contact method provided above. This may take up

Effective August 19, 2019; Revised March 11, 2024

to thirty (30) days to prepare, and there may be a reasonable preparation fee associated with making any copies. If Biodesix denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing to legalaffairs@biodesix.com.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend and give the reason for your request. We may deny your request; if we do, we will tell you why and explain your options. Biodesix will respond to you within sixty (60) days.

Right to Accounting. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom Biodesix has disclosed your PHI without your written authorization. The accounting may not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and the Biodesix facility that maintains the records about which you are requesting the accounting. We may not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to the Privacy Officer via a contact method provided above.

We will respond to you within sixty (60) days. We will give you the first listing within any twelve (12) month period free of charge, but we will charge you for all other accountings requested within the same twelve (12) months.

Right to Request Restrictions. You have the right to ask us to restrict the uses or disclosures we make of your PHI for treatment, payment, or health care operations, but we do not have to agree in most circumstances. However, if you pay out of pocket and in full for a health care item or service, and you ask us to restrict the disclosures to a health plan of your PHI relating solely to that item or service, we will agree to the extent that the disclosure to the health plan is for the purpose of carrying out payment or health care operations and the disclosure is not required by law. You also may ask us to limit the PHI that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree.

A request for a restriction must be signed and dated. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing to the Privacy Officer via a contact method provided above. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify the Biodesix facility making the confidential communications and specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to the Privacy Officer via a contact method provided above. We will accommodate all reasonable requests.

Effective August 19, 2019; Revised March 11, 2024

10772587v1

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy of this Notice by contacting the Privacy Officer via a method provided below. You also can view this Notice at our website www.biodesix.com/terms.

OUR CONTACT INFORMATION

For more information about these privacy practices, to place a complaint, to exercise the rights described herein, or to report a concern or conflict, please contact us:

By email: privacy@biodesix.com

By phone: 866-432-5930

By mail: Attn Privacy Officer

Or, if you prefer to remain anonymous, you may call the toll-free number **1-866-432-5930** and an attendant will handle your concern anonymously.

You may also send a written complaint to the United States Department of Health and Human Services if you feel we have not properly handled your complaint. You can use the contact listed above to provide you with the appropriate address or visit <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>. Under no circumstance will you be retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change our policies and notice of privacy practices at any time. If we should make a significant change in our policies, we will change this notice and post the new notice. We will post a copy of the current Notice on our website.

Effective August 19, 2019; Revised March 11, 2024

10772587v1