

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.

BIOCEPT, Inc. ("Biocept") is required by law to maintain the privacy of your protected health information and to provide you with a notice of our legal duties and privacy practices with respect to protected health information. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your protected health information to carry out treatment, payment or 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 protected health information. "Protected health information" or "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 or condition and related health care services.

We are required to follow the terms of this Notice of Privacy Practices. We will not use or disclose your protected health information without your written permission, except as described in this Notice. We reserve the right to change our practices and this Notice as and to the extent permitted by law and to make the new Notice effective for all protected health information we maintain. Upon your request, we will provide you with a revised Notice.

Examples of How We Use and Disclose Protected Health Information About You

Subject to applicable state law, a summary of which is appended to this Notice, the following categories describe different ways that we use and disclose your PHI.

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

Treatment: We may use your health information to provide and coordinate the treatment and services you receive. For example, we may use your information to perform diagnostic tests, or provide your test results to your physician.

Payment: We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, we will submit a claim to you or your health plan/insurer that includes information that identifies you and the type of services we performed for you.

Health Care Operations: We may use or disclose your PHI in order to support the operations of our laboratories and monitor the quality of the care we provide. For example, we may use information in your health record to evaluate the services our laboratories provide or to train

our staff. In addition, we may contact you as part of a fundraising effort. **Subject to applicable state law, in some limited situations we may be permitted or required to use or disclose your health information for purposes beyond treatment, payment, and operations, including as set forth below.**

To Communicate with Individuals Involved in Your Care or Payment for Your Care:We may disclose to a family member, other relative, close personal friend or any other person you identify, PHI directly relevant to that person's involvement in your care or payment related to your care.

Law Enforcement:We may disclose your PHI for law enforcement purposes as permitted by law or in response to a valid subpoena or court order.

Worker's Compensation:We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Food and Drug Administration (FDA):We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Public Health:As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Business Associates:There are some services provided by Biocept through contracts with business associates (e.g., billing services), and we may disclose your PHI to our business associate so that they can perform the job we have asked them to do. To protect your information, however, we require the business associate to appropriately safeguard your information.

Judicial and Administrative Proceedings:If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by the requesting party, or us to tell you about the request or to obtain an order protecting the information requested.

Health Oversight Activities:We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Research:We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors:We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with

applicable law to enable them to carry out their duties.

Organ or Tissue Procurement Organizations:Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Notification:We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

Correctional Institution:If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.

As Required by Law:We will disclose your PHI when required to do so by federal, state, or local law.

Military and Veterans:If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

National Security, Intelligence Activities, and Protective Services for the President and

Others:We may release PHI about you to authorized federal officials for intelligence, counterintelligence, protection to the President, and other national security activities authorized by law.

Victims of Abuse or Neglect:We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

Your Health Information Rights

Obtain a paper copy of the Notice upon request. You may request a copy of our current Notice at any time from the Privacy Officer. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to Biocept's Privacy Officer. We are not required to agree to those restrictions.

Inspect and obtain a copy of PHI. By law, a patient generally has the right to access and copy his/her PHI. However, PHI that is maintained by entities that are subject to the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") is specifically exempted from the right to access, to the extent the provision of access to the patient would be prohibited by law. Since Biocept is subject to CLIA, the applicable state law provisions, a summary of which are appended to this Notice, may restrict your right to access and copy your PHI. If state law

permits access, to inspect and copy your PHI, you must send a written request to the Privacy Officer. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances.

Request an amendment of PHI. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to the Privacy Officer. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. For example, in circumstances under which the patient would be denied access to his/her PHI, we may deny a request for amendment.

Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of your PHI after July 1, 2009 for most purposes other than treatment, payment, or operations. The right to receive an accounting is subject to certain exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to the Privacy Officer. Your request must specify the time period for which you would like an accounting, but this time period may not be longer than six years.

Biocept, Inc.
Privacy Officer
5810 Nancy Ridge Drive, Ste 150
San Diego, CA 92121

Request communications of PHI by alternative means or at alternative locations. You have a right to request to receive communications of PHI by alternate means or at alternate locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of your PHI, you must submit a request in writing to the Privacy Officer. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.