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EVEXIA DIAGNOSTICS / _____ THIRD-PARTY DISCLOSURE AGREEMENT

FOR _____ Subscribers:

Pursuant to this agreement (the "Agreement"), the undersigned Evexia Diagnostics, Inc. client (the "Client") hereby directs Evexia Diagnostics, Inc. ("Evexia") to release all laboratory result that would normally be released to Client, to also release said results to _____ (the "Third Party").

By Executing this Agreement, Client represents that pursuant to its agreement with Third Party, Third Party is acting on its behalf as its "Business Associate" as that term is defined in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R Part 160 and Part 164 (the "HIPAA Rules").

By executing this Agreement, Client recognizes that the lab results released by Evexia to Third Party on Client's behalf contain protected health information ("PHI"), as that term is defined in HIPAA Rules. Client also represents that pursuant to its agreement with Third Party, Third Party, as its Business Associate, has agreed to use appropriate safeguards and comply with Subpart C of 45 C.F.R Part 164 with respect to electronic protected health information, to prevent Use or Disclosure of PHI other than as provided for by the Agreement. Safeguards include but are not limited to Administrative Safeguards (45 C.F.R. 164.308), Physical Safeguards (45 C.F.R. 164.310), Technical Safeguards (45 C.F.R. 164.312), Organizational Requirements (45 C.F.R. 164.314), and Policies and Procedures and Documentation Requirements (45. C.F.R. 164.316).

By Executing this Agreement, Client represents and warrants that if required, Client has obtained any appropriate consent forms or authorizations required by its patients for whom it has ordered laboratory testing.

By Executing this Agreement, Client, on its own behalf and on behalf of its affiliates, successors and assigns, fully and forever releases and discharges Evexia Diagnostics, Inc., its parent, subsidiaries (including, but not limited to, Evexia Holdings, Inc.), predecessors, successors, affiliates, and related entities, and all of their past and present customers, officers and directors, insurers, representatives, attorneys and agents, whether acting as agents or in individual capacities (collectively, the "Evexia Released Parties") from any and all claims, actions, charges, complaints, grievances and causes of action of whatever nature, whether now known or unknown, suspected or unsuspected, which Client now owns or holds, or at any time has owned or held, against any and all of the Evexia Released Parties arising from or relating to the disclosure of test results and any PHI contained in said test results, to Third Party pursuant to the terms of this Agreement.



The signer of this document represents that he/she has the authority to sign this document on behalf of the Client, and acknowledges that Client is responsible for maintaining the security and confidentiality of the reports that are made available in the context of its relationship with Third Party.

This Agreement will be effective as per the date of the signature on this document. If at any time Client terminates its agreement with Third Party, Client must immediately notify Evexia of this change.

Evexia will be able to begin transmitting results to Third-Party once Client executes this Agreement and returns to Evexia.

Physician Name ("Client"):

Clinic Name: _____

Evexia Diagnostics Member ID: _____

Contact Phone Number: _____

Physician Signature ("Client"): _____

Date: _____

Please fax the completed form to: 888-952-2723 or email a scanned copy of the completed form to info@evexiadiagnostics.com.