

Privacy Policies

This privacy practice notice pertains to only those patients where Celleration is involved with obtaining direct payment from their payer for the use of MIST Therapy. In most situations, Celleration will have no visibility to a patient's health care information.

Effective January 2007

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

NOTICE OF PRIVACY PRACTICES

Throughout this notice, the words "we," "us," and "our" mean Celleration, Inc., and any entity we may include from time to time as a member of our organized health care arrangement. "You" refers to anyone who receives health care services or products from us. "Health information" means any information, whether oral, written or recorded in any form, that we create or receive relating to your past, present or future health or health care payment.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION. We are required by law to give you this Notice explaining that we use and disclose your health information for the following purposes:

- **Treatment.** We will use your health information to provide you with the health care services or products you seek. We may share your health information with doctors, nurses and/or other health care providers (such as x-ray, lab and pharmacy) who are involved in your care and who are part of the entity providing your care. With your consent (or the consent of your legal representative), we may share certain health information specified by you with your family members or others involved in your care, other entities within Celleration, Inc., or other entities or individuals outside Celleration, Inc.
- **Payment.** We may use and disclose health information about you so that we can bill your insurance company, health plan, Medicare, Medical Assistance or any other payors or programs for your health care services or products. If your insurer or health plan requires prior approval or other notice in order to determine whether they will pay for those services or products, we may disclose certain of your health information to them—unless you have asked that we not bill your insurer or plan.
- **Health Care Operations.** We may use and disclose information about you within Celleration, Inc. to manage and improve our health care service to you. This includes quality assessment activities, evaluating our physicians and nurses, licensing and accreditation activities, obtaining legal and accounting services, and business planning and management. We may provide you some services with the assistance of independent personnel and companies (such as equipment technologists, computer hardware and software providers, and maintenance personnel) who are not employees or affiliates of Celleration, Inc. We call these individuals or companies our "business associates." We may give our business associates limited access to your health information to the extent they need it to do what we have hired them to do. To protect your health information, we minimize that access as much as possible and require our business associates to safeguard your information.
- **Appointment Reminders, Treatment Alternatives.** We may use and disclose your health information to contact you to provide appointment reminders, information about treatment alternatives, or other health-related products or services that may be of interest to you.
- **Individuals Involved in Your Care.** If you agree, we may release certain health information about you to a friend or family member involved in your care or payment related to your care. If you are unable to agree due to your

incapacity or emergency circumstances, we may disclose your health information as necessary if we determine that it is in your best interest, based on our professional judgment. We may disclose information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- **Research.** We will not use or disclose any health information that identifies you or can be used to identify you for any research purposes without either obtaining your prior written authorization or following state law procedures for attempting to notify you of our research request. You will be asked to sign authorizations if you wish to participate in clinical research trials involving treatment.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs to the extent authorized and necessary to comply with related laws. These programs provide benefits for work-related injuries or illness.

In addition to the above-listed purposes, we may need to use or disclose your health information without your authorization for the following purposes:

- to the government for public health activities as permitted or required by law to report disease statistics, births and deaths, child or vulnerable adult abuse or neglect, domestic violence, reactions to medications, problems with products, and disease exposures;
- to a health oversight agency for audits, investigations, inspections, and licensure activities;
- to prevent a serious and imminent threat to the health or safety of a person or the public, or to help the police apprehend an individual involved in a violent crime which may have seriously harmed someone;
- to organ procurement organizations to facilitate organ or tissue donation and transplantation, consistent with applicable law;
- to a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, witness, or missing person; to identify a victim of crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; or in emergency circumstances to report the location and perpetrator of a crime;
- to a court or party in litigation in response to a valid court or administrative order;
- to a coroner or funeral director as permitted or required by law to identify a deceased person, determine the cause of death, or otherwise as necessary to carry out their duties;
- if you are an inmate of a correctional institution, to the institution as necessary for your health and the health and safety of other individuals;
- for military, national security or lawful intelligence activities; or
- otherwise as permitted or required by law.

Other uses and disclosures of your health information will be made only with your written authorization. You may revoke that authorization in writing at any time, but we cannot take back any disclosures we have already made in reliance on your authorization.

YOUR RIGHTS TO YOUR HEALTH INFORMATION. You have the following rights regarding the health information we maintain about you:

- **Rights to Inspect and Copy.** With some exceptions, you have the right to inspect and request a copy of your medical records, billing records and records used to make decisions about your care or services if those records include health information about you and are maintained or used by us. To inspect and request a copy of your records, you must submit your request in writing to Health Information Management at the address listed at the end of this Notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. In some cases, we may deny your request to inspect and copy records. If you are denied access to records, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that a record containing your health information is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing and submitted to Health

Information Management at the address listed at the end of this Notice. You must provide a reason that supports your request. We may deny your request if (among other reasons) the information was not created by us; is not included in records used to make decisions about your care; or is otherwise accurate and complete.

- **Right to an Accounting of Disclosures.** With limited exceptions, you have the right to request a written accounting of every disclosure of your health information we have made for up to six years prior to your request, other than disclosures to you, disclosures authorized by you in writing, and disclosures for treatment, payment and health care operations as described in this Notice. To request this accounting, you must submit your request in writing to Health Information Management at the address listed at the end of this Notice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the accounting (for example, on paper or electronically). The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the cost involved.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, health care operations, or to assist others' involvement in your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to Health Information Management at the address listed at the end of this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether and how you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
- **Right to Request Confidential Communications.** You have the right to request that we communicate health information about you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing at the time you register with us, or to Health Information Management at the address listed at the end of this Notice. We will attempt to accommodate all reasonable requests.

OUR LEGAL DUTIES AND RIGHTS. We are required by law to protect the privacy of your health information and to provide this Notice about our legal duties and health information practices. We reserve the right to change our health information practices and the terms of this Notice. We reserve the right to make the changed Notice effective for health information we already have about you as well as any information we receive after the change. The Notice will contain an effective date on the first page, in the top right-hand corner. We will post a copy of the current Notice on our website, www.celleration.com.

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with Health Information Management at the address listed immediately below. You may also file a complaint with the Secretary of the Department of Health and Human Services, HIPAA Complaint, 7500 Security Blvd., C5-24-04, Baltimore, MD 21244. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

If you have any questions please contact Celleration's compliance officer at 952-224-8700.