

# Notice of Patient Privacy Practices of ZOLL Lifecor

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.

ZOLL Lifecor Corporation ("ZOLL Lifecor") is required, by law, to maintain the privacy and confidentiality of your protected health information ("PHI") and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

## COMMON USES AND DISCLOSURES OF YOUR HEALTH CARE INFORMATION ALLOWED UNDER THE LAW:

Treatment – We may use your PHI to provide you with health treatment and services.

Payment – We may use and disclose your PHI so that the treatment and services you receive may be billed to and payment collected from you, your insurance company or a third party.

Worker's Compensation – We may release your PHI in order to comply with the laws related to worker's compensation or similar programs.

Emergencies - We may disclose your PHI to a friend or family member who is involved in your medical care in the event of an emergency.

Public Health Activities – We may disclose your PHI for the purposes of preventing or controlling disease, injury, disability, or death; reporting child abuse or neglect; reporting domestic violence; or to report problems or other adverse events with products and/or services to the U.S. Food and Drug Administration.

Lawsuits and Disputes – We may disclose your PHI in the course of any administrative or judicial proceeding.

Coroners, Medical Examiners and Funeral Home Directors – We may disclose your PHI to a coroner or medical examiner.

Organ Donation – We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research – We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board. In addition, information about your use or operation of the LifeVest system may be deidentified or masked and may be used without your consent or authorization so that research analyses can be performed using this deidentified or masked information.

Public Safety – We may use and share your PHI with persons who may be able to prevent or lessen a serious imminent threat to you, the public or another person's health or safety.

Business Associates – There are some services provided in our organization through contracts with business associates. Examples of business associates include independent sales representatives working with your doctor, accreditation agencies, quality assurance reviewers, and third parties equipped to deidentify and mask information.

Legal Requirements – We will disclose your PHI without your permission when required to do so by federal, state, or local law.

Clinical Trials and Other Research Involving Your Treatment – When a research study involves your specific treatment, we may disclose your PHI to researchers only after you have signed a specific written informed consent for research and a written authorization to conduct research. You do not have to sign the authorization in order to get treatment from ZOLL Lifecor, but if you do refuse to sign the authorization, you cannot be part of the research study.

Marketing – We cannot share your PHI with third parties for their own marketing purposes without your written authorization. However, in order to better serve you, we can provide you with marketing materials in a face-to face encounter without obtaining your authorization. We are also permitted to give you a promotional gift of nominal value if we so chose, without obtaining your authorization. In addition, we may communicate with you about products or services relating to your treatment, case management, or care coordination, or alternative treatments, therapies, providers or care settings without your authorization.

#### YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

You have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care. We are not required by law to agree to your request

You have received a copy of this Notice upon your first encounter with ZOLL Lifecor, and have a right to obtain an additional paper copy of this Notice of Patient Privacy Practices upon request.

You may request access to your ZOLL Lifecor medical record and billing records maintained by ZOLL Lifecor in order to inspect and request copies of the records. All records will be maintained for a period of time mandated by applicable state and/or federal law. If you request copies, we may charge you a reasonable fee consistent with applicable law, and may charge you for our postage costs.

You have the right to request an amendment to your health record if you feel the information is incorrect or incomplete. Please note that even if we accept your request, we are not required to delete any information from your health record.

You have a right to obtain an accounting of disclosures of your personal health information made by ZOLL Lifecor.

You have a right to request your personal health information be communicated by alternative means or at alternate locations.

#### CHANGES TO THIS NOTICE OF PATIENT PRIVACY PRACTICES:

ZOLL Lifecor reserves the right to amend this Notice of Patient Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, ZOLL Lifecor is required by law to comply with this Notice.

If you have questions about any part of this Notice or if you want more information about your privacy rights, please contact the Privacy Officer at ZOLL Lifecor by calling 412-826-9300.

#### COMPLAINTS:

Complaints about your privacy rights, or how ZOLL Lifecor has handled your health information should be directed to the Privacy Officer at ZOLL Lifecor by calling 412-826-9300. If you are not satisfied with the manner in which this office handled your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

The original effective date of this ZOLL Lifecor Notice of Patient Privacy Practices is April 14, 2003, with this particular version having an effective date of December 21, 2007.