

## **Notice of Privacy Practices of ZOLL Services, LLC and ZOLL Laboratory Services, LLC**

**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.**

This notice describes the privacy practices of ZOLL® Services LLC and ZOLL Laboratory Services LLC (“ZOLL”). ZOLL is required, by law, to maintain the privacy and confidentiality of your protected health information (“PHI”) and to provide our patients with this notice of our legal duties and privacy practices with respect to your protected health information.

### **HOW WE MAY USE AND DISCLOSE PHI WITHOUT YOUR WRITTEN AUTHORIZATION:**

**Treatment** – We may use and disclose your PHI to provide you with health treatment and services. For example, we may consult with your physician about your care. We may also recommend alternative treatments, therapies, healthcare providers, or settings of care, or describe a health-related product or service. We may also contact you as a reminder that you have an appointment. In addition, we may share your PHI with other healthcare providers involved in your treatment.

**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. For example, we may disclose your PHI to Medicare, Medicaid, your health insurer, HMO, or other company or program that arranges or pays the cost of your health care.

**Healthcare Operations** – We may use and disclose your PHI for our healthcare operations, which includes internal administration and planning, and activities that improve the quality and cost effectiveness of care. For example, we may use your PHI to evaluate the quality and competence of our staff and other healthcare professionals. We may also share your PHI with our business associates with whom we have contracted to provide services, such as an outside collections agency.

**Worker’s Compensation** – We may release your PHI in order to comply with laws related to worker’s compensation or similar programs that provide benefits for work-related injuries or illness.

**Disclosures to Family, Friends and Other Caregivers** – We may use or disclose your PHI to a family member, other relative, close friend, or other person identified by you if (1) we obtain your agreement; (2) we provide you with the opportunity to object and you do not object; or (3) we reasonably infer that you do not object to the disclosure.

If you are not present or are unable to agree (for example, if we receive a telephone call from a family member or other caregiver), we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information under these circumstances, we disclose only information that is directly relevant to the person’s involvement with your care.

**Victims of Abuse, Neglect or Domestic Violence** – We may disclose your PHI if we reasonably believe you are a victim of abuse, neglect or domestic violence to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence.

**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 response to a court or administrative order, subpoena, warrant, discovery request, or other lawful due process.

**Coroners, Medical Examiners and Funeral Home Directors** – We may disclose your PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI to funeral directors as necessary to carry out their duties.

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

**Research** – We may use or share your PHI if the group that oversees our research, the Institutional Review Board/Privacy Board, approves a waiver of permission (authorization) for disclosure or for a researcher to begin the research process.

**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.

**Health Oversight Activities** – We may disclose your PHI to local, state, or federal authorities that are responsible for the oversight of health care related matters, such as agencies administering Medicare and Medicaid.

**Law Enforcement** – We may disclose your health information to police or other law enforcement officials as required or permitted by law as part of law enforcement activities and investigations.

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

**Military and Veterans** – If you are in the U.S. or foreign armed services, or a veteran, we may disclose your PHI as required by the proper military authority so that they may carry out their lawful duties.

**National Security** – We may disclose your PHI to the appropriate federal officials for the protection of the President, to other authorized persons, to conduct special investigations or for intelligence, counterintelligence, and other national security purposes.

**Inmates** – If you are an inmate in a correctional facility or in the custody of a law enforcement official, we may disclose your PHI to the correctional facility or law enforcement officer so that they may carry out their lawful duties.

### **USES AND DISCLOSURES REQUIRING YOUR WRITTEN PERMISSION (AUTHORIZATION):**

We are required to obtain your written permission to use or disclose your PHI for the following reasons. You may revoke an authorization at any time, in writing, except to the extent that we have acted in reliance on it.

**Marketing** – We cannot share your PHI with third parties for their own marketing purposes without your written authorization. However, 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.

**Sale of PHI** – We are prohibited from selling your PHI without your written authorization to do so.

**Highly Confidential Information** – Federal and applicable state law may require special privacy protections for certain health information about you (for example, information relating to HIV testing, mental/behavioral health, and genetic information). If required by law, we will obtain your consent before disclosing this information.

### **YOUR RIGHTS REGARDING YOUR PHI:**

With respect to the medical information maintained by ZOLL, you have the right:

- To obtain a paper copy of this Notice of Privacy Practices upon request.
- To request that we restrict or limit our use or disclosure of your PHI. We are generally not required to agree to your request, though we will consider them. We must, however, agree to your request to restrict the disclosure of your PHI to a health plan if the medical information pertains solely to a healthcare item or service for which you or a person other than a health plan has paid for in full at time of service. Please note that in certain cases, other law may not permit us to agree to a requested restriction.
- To see and get a copy of your PHI that is used to make decisions about your care and treatment, including your medical and billing records. Under certain circumstances, we may deny your request. If we do so, we will send you a written notice describing the basis of our denial. Requests must be made in writing. We may charge a reasonable fee for copying, mailing, or other expenses associated with processing a request. If your PHI is maintained electronically, you may request a copy of the information in an electronic format.
- To request an amendment to your PHI if you feel the information is incorrect or incomplete. We may deny your request under certain circumstances. If we deny your request, we will send you a written notice of denial. This notice will describe the reason for our denial and your right to submit a written statement disagreeing with the denial.
- To obtain an accounting of disclosures of your PHI made by ZOLL. Requests for an accounting must be made in writing. An accounting will only include disclosures made during the time period indicated on the request, which may not exceed a period of six years.

- To request your PHI be communicated by alternative means or at alternate locations.
- To receive notice if we discover a breach of your unsecured PHI and notification is required by law.

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

ZOLL reserves the right to amend this Notice of 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 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 by calling 1-800-543-3267.

**QUESTIONS AND COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with ZOLL by calling 1-800-543-3267 or you may file a complaint with the Secretary of the U.S. Department of Health and Human Services or the Accreditation Commission for Health Care (ACHC) at 1-855-937-2242. Within five (5) calendar days of receiving a patient's complaint, ZOLL shall notify the patient, using telephone, e-mail, fax, or letter format that it has received the complaint and that it is investigating. Within 14 days, ZOLL shall provide written notification to the patient of the results of its investigation and response. ZOLL shall maintain documentation of all complaints that it receives, copies of the investigations and responses to beneficiaries. You will not be penalized for filing a complaint.

The original effective date of this ZOLL Notice of Patient Privacy Practices is April 14, 2003, with this particular version having an effective date of February 6, 2023.