

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 CAREFULLY.

Why we are providing you with this notice

Respiratory Technologies, Inc., d.b.a. RespirTech is committed to protecting the privacy of your medical information and protected health information (PHI). Federal and state laws require us to protect the privacy of such information and to tell you how we do so. We must give you notice of our legal duties and our privacy practices with respect to your medical information. We are required to do the following:

- Maintain the privacy of your medical information
- Notify you if we are made aware that your medical information has been acquired, accessed, used, or disclosed inappropriately
- Explain how, when, and why we may use or disclose your medical information
- Use or disclose your medical information only in the ways we have described in this Notice

How we protect your health information

- We restrict access to your medical information to only RespirTech staff members who provide services to you. All RespirTech staff members have been trained to protect privacy. Staff members who violate these policies are subject to disciplinary action.
- We use safeguards to protect your medical information. These safeguards comply with federal regulations regarding security.
- We periodically review our policies and practices. We monitor our computer networks. We monitor and test our security to ensure the privacy and security of your health information.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

There are a number of ways in which we use or disclose your medical information in providing health services to you.

1. Uses and disclosures for treatment, payment or health care operations

When you first became a patient or customer of RespirTech, you authorized the release of your medical records for the following purposes:

- Payment and insurance coverage
- Conducting quality of care and performance review
- Assuring coordination of medical services

Without further notice to you, RespirTech may use your medical information for the following purposes:

- **Treatment.** We may use or disclose medical information about you to provide you with medical treatment or services and/or to assist medical providers in coordinating and managing your care.
- **Payment.** We may use or disclose your health information so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. We may also disclose your medical information to contractors who provide claims processing services to RespirTech.
- **Health care operations.** We may use or disclose your health information to perform necessary health plan functions. For example, we may use your data to help us train new staff and to conduct quality improvement

activities. We may combine medical information about many patients to decide what additional services to offer and whether certain treatments are effective.

2. Uses and disclosures authorized by law

Under certain circumstances, we are authorized by law to use or disclose your health information without obtaining authorization from you and without notifying you of such uses or disclosures. These circumstances may include when the use or disclosure is:

- To family members, a personal representative, or others involved in your health care or payment for your health care, unless you tell us not to disclose such information to those individuals
- To business associates, such as to facilitate treatment, payment, and/or health care operations
- For facility directories (such as a hospital), unless you object
- For public health activities, such as when reporting to public health authorities the exposure to certain diseases or reporting data about immunizations
- For health oversight activities, such as when disclosing health data to a state or federal health oversight agency so it can monitor the safety of medical devices
- About victims of abuse, neglect, or domestic violence where required by law
- For judicial or administrative proceedings, such as when responding to a court order
- For law enforcement purposes, such as in response to a subpoena, warrant, or summons
- To a coroner, medical examiner, or funeral director
- To the extent allowed by state workers compensation laws
- To avert a serious and imminent threat of harm to you, another person or to the public
- For certain, specialized government functions, such as regarding military personnel, national security, or prison inmates
- For research purposes, such as for a research project as approved by an Institutional Review Board or Privacy Board, in compliance with governing law

We may also make disclosures without your consent or authorization when required to do so by state or federal law.

3. Other uses and disclosures

We may also use or disclose your health information to contact you for our fundraising activities. If you do not want to be contacted for this purpose, you have the right to opt out of receiving such communications.

4. Uses and disclosures that require authorization

For all other purposes, we may be required to obtain a specific authorization to use or release your health information. If you provide an authorization to us, you may revoke it, in writing, at any time.

- We will not use or disclose your psychotherapy notes, if applicable, without your prior written authorization, except pursuant to state or federal law.
- We will not use or disclose your health information for marketing purposes or accept any payment for marketing communications using such health information without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity when you revoke your authorization, in writing, which you may do at any time.
- We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it. We will stop any future sales of such information when you revoke your authorization, in writing, which you can do at any time.

YOUR INDIVIDUAL RIGHTS

1. Right to inspect and copy your health information

You may access, inspect and receive a copy of your health information contained in our records. You need to make your request in writing. Write or call RespirTech to ask for a “RespirTech Information Access Form.” We may charge a reasonable fee for copies. There are limited situations in which we may deny your request for access. In these situations, we will let you know why we cannot grant your request and how you may ask for a review of our denial.

2. Right to request an amendment of your health information

You may request that we amend your medical information. You need to make your request in writing and explain your reason for the amendment. Write or call RespirTech to ask for a “RespirTech Information Amendment Request Form.” Under limited circumstances, we may deny your request. If we do so, you may file a statement of disagreement with us. You may also ask that any future disclosures of your health information include your requested amendment and our denial of your request.

3. Right to request restrictions on uses and disclosures of your health information

You may request that we restrict our use or disclosure of your health information for payment or health care operations. You need to make your request in writing. We are not required to agree to your request for a restriction; however, if we do agree, we will comply with our agreement, unless there is an emergency or we are otherwise required to use or disclose the data. If we decide to end our agreement to the restrictions, we will tell you. If you tell us not to disclose medical information to your health plan concerning healthcare items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons.

4. Right to request confidential communications

You may request that we communicate with you in a specific way or at a specific location. For example, you may request that we contact you at a particular email account or at an address other than your home address. We will agree to your request if we determine that your request is reasonable. You need to make your request in writing.

5. Right to request an accounting of disclosures of health data

You may request a listing of certain disclosures we have made of your health information. You need to make your request in writing. You may ask for disclosures made up to six (6) years before the date of your request. We will provide you with one accounting in any 12-month period free of charge. For additional accountings, we may charge you for the costs of providing the listing.

6. Right to receive a copy of this notice

You have the right to receive a paper copy of this Notice at any time. To exercise any of these rights, contact our Privacy Officer at the telephone number or address listed on page 5.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

RespirTech reserves the right to amend this Notice at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, we will make available to you a revised Notice of Privacy Practices which will apply to all PHI that we maintain, regardless of when it was created or received.

QUESTIONS OR COMPLAINTS

If you are concerned that your privacy rights have been violated, you may file a complaint with RespirTech or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

To file a complaint with us, contact our Privacy Officer at:

Respiratory Technologies, Inc., d.b.a. RespirTech
5905 Nathan Lane North
Suite 200
Plymouth, MN 55442

Call 1-844-649-7730 (toll free)

Email RespirTech compliance@philips.com.

You may contact our Privacy Officer at these numbers above for any further information or questions you may have.

Effective Date: 5/20/2019

PLEASE COMPLETE AND RETURN THIS PAGE*

**RespirTech
Privacy practices
Notice and acknowledgement**

Acknowledgement:

I acknowledge that I have received the attached HIPAA notice of privacy practices (effective date 5/20/2019).

Patient name (print)

Signature of patient or personal representative

Date

If personal representative's signature appears above, please describe personal representative's relationship to the patient:

(Relationship to patient)

Please return the signed form to:

RespirTech
Attn: Privacy Officer
5905 Nathan Lane North
Suite 200
Plymouth, MN 55442

**It is not necessary to sign this acknowledgement if you have already signed the sales order acknowledgment stating that you received with your device and acknowledging that you have received a copy of RespirTech's notice of privacy practices as part of your device manual.*