

# Notice of Privacy Practices and Patient Rights



This Notice of Privacy Practices (“Notice”) describes how Advanced Bionics<sup>1</sup> may use and disclose protected health information about you and how you can get access to this information. Protected health information means any information that may identify you and that relates to your past, present, or future healthcare treatment, services, or payment.

## Treatment, Payment, Healthcare Operations

### Treatment

We may use and disclose your health information to provide you with healthcare-related services or products, or we may share your health information with those involved in your health treatment. For example, we may use your health information in order to discuss your cochlear implant with your healthcare provider.

### Payment

We may use or disclose your health information to bill and collect payment for the healthcare-related services or products that we provide to you. This includes determining eligibility or coverage, billing for services rendered, and collections. Unless you have asked that we not bill your insurer or health plan, we may complete a claim form that contains your health information to obtain payment from your insurer or health plan.

### Healthcare Operations

We may use or disclose your health information for the purposes of AB healthcare operations, which are activities that support AB normal business operations. For example, we may use your health information to process the healthcare products you have ordered.

There are some services provided through contracts with business associates. We may give limited access to your health information to our business associates so they can perform services to support our business. Our business associates are required by contract to safeguard your health information.

## Disclosures that may be made without Your Authorization

There are situations in which we are permitted by law to disclose or use your health information without your written authorization. These situations include:

- When required or permitted by law to do so, such as reporting your health information to law enforcement officials, court officials, or government agencies, such as the FDA.
- When ordered by authorized public health officials for the purpose of carrying out public health activities, such as to report product problems or exposure to a communicable disease.
- When the use/disclosure relates to victims of abuse, neglect, or domestic violence.
- When the use/disclosure is for health oversight activities, such as by written request of a state/federal government agency performing management audits, financial audits, and program monitoring.
- When the use/disclosure is for judicial and administrative proceedings, such as in response to an order of a court.
- When the use/disclosure is for law enforcement purposes, such as reporting certain types of wounds or injuries, or if there is a good faith belief that the disclosure is necessary to prevent or lessen a serious, imminent threat to the safety of a person or the public.
- When the use/disclosure is related to death, such as disclosing your health information to coroners, medical examiner and funeral directors so they can carry out their duties related to your death.
- When the use/disclosure is related to cadaveric organ, eye, or tissue donation purposes.
- When the use/disclosure relates to military, national security, or incarceration/law enforcement custody purposes. We may disclose information about you for military activities, national security and intelligence activities, and for protective services to the President of the United States. We may disclose information about you to a correctional institution having lawful custody of you.
- When the use/disclosure relates to workers’ compensation. We may disclose your health information as authorized by and to the extent necessary to comply with the laws related to workers’ compensation or other similar programs established by law.
- When the use/disclosure relates to certain research purposes. For example, in limited circumstances, we may disclose your information to researchers preparing a research protocol or if an institutional review board determines authorization is not necessary.

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<sup>1</sup> For purposes of the HIPAA Privacy Rule, AB is defined as those components/units that act as direct suppliers of healthcare products (for example, cables) to patients, and certain units that support the supplier function, for example, Finance.

**For other uses and disclosures, we will ask you for your written authorization before disclosing any identifiable health information about you.** If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. Please submit your written revocations to the Privacy Officer at the address below. However, any revocation will not apply to disclosures or uses already made or taken in reliance on the authorization.

**Your Rights Under Federal Privacy Regulations.** The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create certain rights that you may exercise regarding your health information.

**You have the right to inspect and copy your protected health information.** If you request copies, we will charge you a reasonable fee for copies. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to laws that prohibit access to protected health information.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for your notification purposes as described in this Notice of Privacy Practices. Your request must be in writing, state the specific restriction requested and to whom you want the restriction to apply. Advanced Bionics will consider such requests, but is not required to agree to them.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively (i.e., electronically).

**You may request an amendment of your medical information in the designated record set.** Any such request must be made in writing to the person listed below. We will respond within 60 days of your request. We may refuse to allow an amendment if the information: was not created by this organization is not available for inspection because of an appropriate denial or if the information is accurate and complete.

Even if we refuse to allow an amendment, you are permitted to include a patient statement about the information at issue in your health information record. If we refuse to allow an amendment, we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made, and tell others that we now have the correct information.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** Requests must be made in writing to the person listed below.

### Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services  
HIPAA Complaint  
7500 Security Blvd., C5-24-04  
Baltimore, MD 21244

### Question and Contact Person for Requests

If you have any questions, or want to make a request pursuant to the rights described above, please contact:

HIPAA Compliance Officer  
Advanced Bionics, LLC  
25129 Rye Canyon Loop  
Valencia, CA 91355  
Email: HIPAA@AdvancedBionics.com

This notice is effective on the following date: **January 3, 2008**

We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen.