

# Notice of Privacy Practices and Patient Rights



THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW ADVANCED BIONICS, LLC (“ADVANCED BIONICS”) MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY. Protected health information means any information that may identify you and that relates to your past, present, or future health care treatment, services, or payment.

## Treatment, Payment, Health Care Operations

### Treatment

We may use and disclose your health information to provide you with health care-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 health care provider.

### Payment

We may use or disclose your health information to bill and collect payment for the health care-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.

### Health Care Operations

We may use or disclose your health information for the purposes of Advanced Bionics health care operations, which are activities that support Advanced Bionics normal business operations. For example, we may use your health information to process the health care 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 state, federal, or local 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 to provide notification and reporting of an unsecured breach as required by law.
- 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 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.

## Disclosures That Require Your Authorization

The following uses and disclosures of Protected Health Information will only be made pursuant to us receiving a written authorization from you:

- Uses and disclosure of your Protected Health Information for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of Protected Health Information under HIPAA; and
- Other uses and disclosures not described in this notice.

**Marketing.** We must obtain your written authorization prior to using your Protected Health Information for purposes that are marketing under the HIPAA privacy rules. For example, we will not accept any payments from other organizations or individuals in exchange for making communications to you about treatments, therapies, health care providers, settings of care, case management, care coordination, products, or services unless you have given us your authorization to do so or the communication is permitted by law. We may communicate with you about a product that is currently prescribed to you so long as any payment we receive in relation to making the communication is reasonably related to the cost of making the communication. In addition, we may market to you in a face-to-face encounter and give you promotional gifts of nominal value without obtaining your written authorization.

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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).



**Sale of Protected Health Information.** We will not make any disclosure of Protected Health Information that is a sale of Protected Health Information without your written authorization.

**You have the right to revoke authorization.** 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 and State 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). In addition, each State may have its own laws and regulations pertaining to information privacy. These 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 (except as required by law). 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, except in limited circumstances which we will explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.

If you have paid for health care item or service "out of pocket" in full and in advance, and you request that we not disclose protected health information related solely to those items or services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

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 incorrect 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 office listed below. You can file a complaint with the U.S. Department of Health of Human Services for Civil Rights by sending a letter to:

U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
1.877.696.6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

You may also contact the government agency in your State tasked with promoting and protecting the privacy rights of individuals.

## Question and Contact Person for Requests

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

HIPAA Privacy Officer  
Advanced Bionics, LLC  
28515 Westinghouse Place  
Valencia, CA 91355  
Phone: 661.362.1400

This notice is effective on the following date: **May 20, 2016.**

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 and on our website.