

Notice of Privacy Practices Of Electromed, Inc., a Healthcare Provider

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.

Introduction

In order to provide health care services and products, Electromed, Inc. must obtain and maintain protected health information obtained from you, the patient. The Notice of Privacy Practices describes the types of information that are collected and your rights with regards to that information.

“Protected health information” means information that is individually identifiable as to the current patient or applicant for health care treatment, payment, and operations. This information is obtained from applications for health care coverage, surveys, claims for payment filed by health care providers, referrals made by health care providers, and your medical records. Personal health information may also be obtained over the telephone from you. Other sources of protected health information include group health plan administrators, employers, and business partners such as third-party administrators, consultants and other entities engaged in obtaining health care information.

“Protected health information” includes the following:

- Your name, address, and date of birth
- Your marital status
- Your health history
- Your medical records
- Gender
- Social Security number
- Information regarding your dependents
- Other similar information that relates to past, present or future medical care

Your Consent for Electromed, Inc. to obtain, use and disclose your personal health information for treatment, payment and health care operations

As a condition providing medical services and products, Electromed, Inc. will obtain your consent to obtain, use, and disclose your protected health information for the purpose of routine treatment, payment, and health care operations. These routine treatment, payment, and health care operations include:

- Treatment of your health condition
- Payment for treatment of your health condition
- Coordination of benefits
- Enrollment into the group health plan
- Eligibility for coverage issues
- Claims administration
- Payment of claims
- Premium billing
- Insurance underwriting
- Business planning and development
- Actuarial information
- Complaint review
- Regulatory review and legal compliance

Use and disclosures for treatment: Your protected health information may be disclosed to health care providers including doctors, nurses, laboratory technicians, medical students and other health care personnel involved in your treatment.

Uses and disclosures for payment: Your protected health information may be disclosed to individuals involved in payment for your treatment in order to determine eligibility for payment and eligibility for plan benefits. Your protected health information may be shared with persons involved in utilization review, to assist in subrogation of health care claims, or other adjudication procedures.

Uses and disclosures for health care operations: Your protected health information may be used and disclosed for plan operation purposes including underwriting, premium rating, submitting claims for stop-loss coverage, quality review assessments, audits, business planning, legal services, or administrative services.

Electromed, Inc. may share this information with its business partners including for purposes of utilization reviews, appropriateness of care reviews, consultation with outside health care providers, consultants, and attorneys. Electromed, Inc. requires its business partners to sign a contract specifying their compliance with Electromed, Inc. privacy policies.

In order to ensure the privacy of your protected health information, Electromed, Inc. has developed privacy policies and procedures. Procedures are based on appropriate administrative, technical, and physical safeguards necessary to maintain confidentiality of your protected health information. Such information is limited to those individuals that have a legitimate business need for that information. This protection extends to use of your protected health information by Electromed, Inc. business partners.

Non-routine disclosures of personal health information

In situations not covered by your consent, Electromed, Inc. will ask for your authorization to use or disclose your protected health

information. This authorization may be to release your personal information to your employer for workers' compensation purposes, for automobile insurance claims, for marketing purposes, or for research purposes. Electromed, Inc. will use or disclose information in these circumstances pursuant to the specific purpose contained in your authorization and will only use or disclose the minimum amount of information necessary to perform the non-routine function. In most circumstances, authorization may only be made by the person to whom the protected health information pertains. In some circumstances, authorization may be obtained from a person representing your interests (such as in the case where you may be too incapacitated to make an informed authorization) or in emergency situations where authorization would be impractical to obtain.

Non-routine disclosures may be made to:

- The health plan sponsor for payment or other claims purposes
- Organ donation and tissue transplant entities, if you are an organ or tissue donor
- The military if you are a member of the armed services
- Workers' compensation carriers
- Public health agencies
- Law enforcement personnel in response to legal requirements
- Coroners, medical examiners, funeral directors
- Legal representative in response to a court order or other legal proceeding
- National security and intelligence agencies as authorized by law
- Correctional institutions if you are an inmate

Your rights

You have the right to review you protected health information maintained by Electromed, Inc. and to obtain a copy of such information. A reasonable fee may be charged for copies of your health information records.

You also have the right to request amendments to your protected health information or to register a complaint with Electromed, Inc. Request for amendments must be made in writing and must include a reason for the requested amendment.

You have a right to request an accounting of disclosures of your protected health information made by Electromed, Inc. This request must be made in writing and may not be for a period longer than six years.

You have a right to request a restriction on the protected health information that may be disclosed. Electromed, Inc. is not required to agree to this request.

You have the right to request that communications regarding your protected health information from Electromed, Inc. be made at a certain time or location. This request must be in writing. Electromed, Inc. will accommodate all reasonable requests.

Changes to Privacy Practices

If Electromed, Inc. changes its privacy policies and procedures, an updated Notice of Privacy Practices will be provided at your next visit to Electromed, Inc. Up-to-date privacy notices are maintained on the Electromed, Inc. web site at www.electromed-usa.com.

This notice was published and becomes effective on the later of April 14, 2003 or the date services and products are first provided to you by Electromed, Inc.

Acknowledgment of Receipt of Notice of Privacy Practices

"I acknowledge receipt of this Notice of Privacy Practices from Electromed, Inc. and acknowledge that I have had the opportunity to read this Notice of Privacy Practices and ask questions regarding the privacy practices of Electromed, Inc."

Signature of Individual, Parent, or Guardian

Date

Print Name

"The individual was provided a copy of this Notice of Privacy Practices and has either been unable to sign, or has refused to sign, the acknowledgment of receipt."

Electromed, Inc. Representative