

CLIENT PRIVACY PRACTICES

NOTICE OF CLIENT PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

National Seating & Mobility is referred to as “we” or “NSM” in this Notice of Privacy Practices (“Notice”). The use of “you” or “your” refers to the patient. This Notice will tell you about the ways in which NSM may use and disclose your health information that identifies you (“PHI”). We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

This Notice applies to NSM and its employees and workforce for US operations only. These NSM entities, sites, and locations follow the terms of this Notice. Additionally, these NSM entities, sites, and locations may share PHI with each other for treatment, payment, or health care operations purposes described in this Notice.

Our Pledge Regarding Protected Health Information. We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the products and services that we provide to you. We need this record to provide you with quality products and services used in your care and to comply with certain legal requirements. This Notice applies to all of the PHI we use and disclose related to the products and services used in your care. Your personal doctor, health care provider, and other entities providing products or services to you may have different policies or notices regarding their use and disclosure of your PHI.

Our Legal Requirements. We are required by law to:

- Ensure that PHI that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to PHI about you;
- Notify you if you are affected by a breach of unsecured PHI;
- Obtain your written authorization for uses and disclosures for purposes other than those listed below and permitted under law; and
- Follow the terms of the Notice that currently is in effect.

Your Rights Regarding PHI About You

Right to Inspect and Copy. You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually this includes medical and billing records. To inspect and copy PHI that may be used to make decisions about you, please contact (833) 289-1020 (phone) or recordsrequest@nsm-seating.com (email). We may charge a fee for copying requested files.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another person chosen by us will review your request and the denial. We will comply with the outcome of that review.

Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you have the right to ask us to amend it. You have the right to request an amendment for as long as the information is kept by us. Your request must be in writing and must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support that request. Additionally, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This accounting is a list of certain disclosures of PHI we made about you. NSM will provide an accounting of all but the following types of disclosures:

- Those made for treatment, payment and health care operations;
- Those made to you about your own files;
- Those made to persons involved in your care or other notification purposes;
- Those made pursuant to an authorization;
- Where the disclosures are part of a Limited Data Set (as defined in HIPAA);
- For national security or intelligence purposes;
- To correctional institutions or law enforcement custodial situations; and
- Those made more than six years prior to the request for the accounting of disclosures.

You must submit the request in writing. Your request must state a time period that may not be longer than six years from the date of the request. Your request should indicate in what form you want the list (i.e., paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we will charge you for the costs of providing the lists. We will notify you of the costs involved and you may choose to withdraw or modify our request at the time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or health care operations and you also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to these requested restrictions, but if we do agree to a restriction, we will abide by the restriction unless the information is needed to provide you emergency treatment or until you agree to the restriction’s removal or we inform you that we are terminating the restriction. In the event we terminate a previously agreed to restriction, the restriction will continue to apply to PHI created or received prior to the termination of the restriction.

You also have the right to request a restriction on disclosures of PHI to a health plan if you have paid out of pocket in full for the health care item or service. In this case, we are required to agree to the restriction.

Any request for a restriction must be made in writing. You must tell us: i) what information you want to limit; ii) whether you want to limit our use, disclosure, or both; and iii) to whom you want the limits to apply (for example, disclosures to your spouse). We will notify you whether or not we agree to a requested restriction.

Right to Request Alternative or Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We may request that you make a request for confidential communications in writing. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Revoke Authorization. In those instances where our uses or disclosures of PHI are based on your written authorization, you have the right to revoke such authorization at any time, except to the extent action has already been taken. Such revocation must be in writing. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the products and services that we provided to you.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. [\(833\) 289-1020](tel:8332891020) (phone) or recordsrequest@nsm-seating.com (email) to request a paper copy. You may also obtain an electronic copy of this Notice at our [website](#).

How We May Use and Disclose Your PHI

The following categories describe different ways that we are permitted to use and disclose PHI. Certain of these categories may not apply to our business, and we may not actually use or disclose your PHI for such purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or requested to use and disclose PHI, without your authorization, will fall within one of the categories.

For Treatment. We may use or disclose PHI about you to assist health care professionals and providers to provide you with medical treatment or services. For example, we may use and disclose PHI related to your use of our products (such as a customized wheelchair) or services or appointment reminders or treatment alternatives. These disclosures could be to your physicians, therapists, and their staff who are involved in your care to assist with maintaining appropriate use of the device or services.

For Payment. We may use and disclose PHI about you so that the products and services we provide you may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to receive from or disclose to your health plan, Medicare, Medicaid, or the medical facility you resided in information about the products and services we provided to you so they or another responsible payor can pay us for the product. This may specifically include information

required for prescriptions, assignment of benefits, diagnostic test results, therapy notes, and medical record information. We may also tell your health care provider or plan about a product or service you are going to receive to obtain prior approval or to determine whether your provider or plan will cover that product or service.

For Health Care Operations. We may use and disclose PHI about you for our health care operations and we may use and disclose PHI about you to other health care providers involved in your care for certain health care operations they have to undertake. These uses and disclosures are necessary to run our company and make sure that users of our products receive the most cost-effective and therapeutic products possible. Examples of health care operations activities by NSM include, but are not limited to delivery, pickup, and service functions, billing and collection efforts, internal auditing, internal employee training, business planning (e.g., analysis of product use and utility; development/improvement of reimbursement methods); assessing the quality of care and outcomes in your case and similar cases, and quality assurance/improvement activities. We may also combine PHI about many patients to decide what additional products and services we should offer; what products and services are not needed; and to justify how effective our products are in the care of individuals such as you. We may also disclose information to medical facilities and independent researchers for review and learning purposes. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific patients are.

Notices/Reminders. We may use and disclose PHI to contact you or arrange for your health care provider to contact you regarding product delivery, maintenance, in-service, or pick-up. We also may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

Individuals Involved in Your care or Payment for Your Care. We may disclose your PHI to a family member, other relative, or friend of yours, or any other person relevant to such person's involvement with your care or payment for your health care when you are present for, or otherwise available prior to, a disclosure and you are able to make health care decisions, if: (i) we obtain your agreement; (ii) we provide you with the opportunity to object to the disclosure and you failed to do so, or (iii) we infer from the circumstances, based upon professional judgment, that you do not object to the disclosure. We may obtain your oral agreement or disagreement to a disclosure. However, if you are not present or the opportunity to agree or object to the disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may, in the exercise of professional judgment, determine whether the disclosure is in your best interests. If it is determined to be in your best interests, we will only disclose PHI that is directly relevant to the person's involvement with your health care. In addition, we may disclose PHI about you to an entity assisting with disaster relief efforts so that your family can be notified about your condition, status, and location.

Research. Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received a product for the same condition. We will in most circumstances ask for your specific authorization to use or disclose PHI for research purposes. There may be limited circumstances when access to your PHI for research purposes may be allowed without your specific consent. These will be limited to cases when use or disclosure was approved by an Institutional Review Board or Privacy Board.

As Required Law. We may disclose PHI about you when required to do so by federal, state, or local law.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official: • In response to a court order, subpoena, warrant, summons or similar process;

- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at a NSM location; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Marketing and Fundraising. We must obtain your written authorization prior to most uses of your PHI for any marketing purposes or disclosures that constitute a sale of your PHI. We may contact you as a part of a fundraising effort. You may opt out of being contacted for fund-raising purposes.

Military and Veterans. If you are a member of the armed forces, we may release PHI as requested by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official for the institution to provide you with health care, to protect the health and safety of you or others, or for the safety or security of the institution.

Organ and Tissue Donation. If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Business Associates and Business Transfers. We may allow business associates to provide certain services to us or on our behalf that involve the use or disclosure of PHI. Our business associates will agree to take appropriate steps to safeguard your PHI. Also, there may arise in the course of business the acquisition or sale of our business or assets. Such acquisition or sale may involve the sale or purchase of PHI.

Workers' Compensation. We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities. We may disclose your PHI for public health activities. These activities include the following:

- To prevent or controlling disease, injury, or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders, and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using; or

- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Food and Drug Administration (FDA). We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Health Oversight Activities. We may use or disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings; Lawsuits and Disputes. We may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested.

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

Health-Related Benefits and Services. We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

Other Uses of PHI. Other uses and disclosures of PHI not falling into one of the categories covered by this Notice or otherwise required or permitted by laws that apply to us will be made only with your written authorization.

Changes to This Notice. We reserve the right to change this Notice and our information practices at any time. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. The current version of our Notice is posted and available at any NSM location and on our website at <https://www.nsm-seating.com> .

Questions and Complaints. Please contact NSM's Privacy Officer at [\(615\) 595-1115](tel:6155951115) (phone) or Compliance@nsm-seating.com (email) if you have questions about this Notice. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, you must submit it in writing to National Seating & Mobility, Inc., Attn: Privacy Officer, 302 Innovation Drive, Suite 500, Franklin, TN 37067. There will be no retaliation for filing a complaint.

NSM Notice of Privacy Practices effective July 1, 2023