

## NOTICE OF PRIVACY PRACTICES



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

### HIPAA Privacy Statement

Corventis Inc. (Corventis) is a developer of medical equipment and a provider of Cardiac Monitoring Services. Corventis collects health, billing and insurance data from individuals. We are committed to protecting the privacy and the confidentiality of medical information.

The Health Insurance Portability and Accountability Act of 1996, HIPAA, and the new regulations, effective April 14, 2003, set forth certain legal requirements regarding how healthcare providers must protect your medical information. Corventis is required by law to maintain the privacy of **Protected Health Information or PHI**, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI.

### Uses and Disclosures

Corventis may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission.

**For treatment:** We may use your PHI to provide treatment or services to you. We may disclose your PHI to healthcare professionals such as doctors, nurses, and technicians who are involved in taking care of you. Corventis also provides access to on-line information for your physician or healthcare provider.

**For payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company, health plan or another third party payer.

**For health care operations:** We will also use your PHI to assist in running our operations. For example, we may combine medical information about many patients to evaluate the need for new services or treatment or to improve existing services or treatments.

**Other Uses and Disclosures:** Corventis is permitted to use and disclose your PHI when permitted or required by law.

- To a legal representative as defined by applicable law. For example, administrator, executor, parent (if a minor);
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits, investigations, inspections, post market surveillance etc. by the government (or their contractors). For example, the FDA or CMS;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- 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 donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals;
- We may also use or disclose health information about if the data does not personally identify or reveal who you are;
- To Business Associates under contract; when services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. We require, by contract, the business associate to appropriately safeguard your information. Examples include customer service and third party billing services.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

## Patient Rights:

As a patient, you have a number of rights with respect to your PHI, including:

**The right to access copy or inspect your PHI:** You may inspect and copy your PHI. We may charge you a reasonable fee to copy any medical information that you have requested. In limited circumstances, we may deny access to your medical information. We will provide a written response if we deny access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should first contact your healthcare provider. You may subsequently contact our Privacy Officer.

**The right to amend your PHI:** You have the right to ask us to amend your PHI. If you wish to request an amendment, you should first contact your healthcare provider. You may subsequently contact our Privacy Officer.

**The right to request an accounting of disclosures:** You may request an accounting of certain disclosures of your PHI. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business. We are also not required to give you an accounting of our uses of PHI for which you have already given us written authorization. If you wish to request an accounting, contact our Privacy Officer.

**The right to request that we restrict the uses and disclosures of your PHI:** You have the right to request that we restrict how we use and disclose your PHI. You may also revoke previous authorizations except to the extent that action has already been taken.

**Right to Obtain Copy of Privacy Notice on Request:** You will find a copy of this notice at [www.corventis.com](http://www.corventis.com). Upon request, we will forward you this notice by electronic mail, paper mail, or fax.

**Right to alternative media:** You may request communications of your PHI by alternative means or at alternative locations.

**Your Legal Rights and Complaints:** If you believe your privacy rights have been violated you have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services. You will not be retaliated against in any way for filing a complaint. You may direct all inquiries and complaints to our Privacy Officer.

## Corventis Authorization Process

We will not use or disclose your PHI without your authorization, except as described in this notice. Other uses or disclosures will only be conducted with a valid authorization from you or your legal representative. Authorization may be revoked at anytime by contacting Corventis in writing. See contact information below.

## Corventis Responsibilities

**Personal Designations:** Corventis is responsible for designating an individual who is responsible for ensuring policies and procedures have been developed and implemented. Corventis must also designate an individual to receive and handle complaints. You may reach this designated individual at the contact information provided.

**Training:** Corventis must also ensure that the Corventis workforce is trained on the HIPAA policies and procedures and that the training is documented.

**Safeguards:** Corventis must have appropriate administrative, physical and technical safeguards to protect the privacy of PHI.

**Complaints:** Corventis must provide a process for individuals to make complaints regarding our policies and procedures. See contact information below for complaint contact information.

**Sanctions:** Corventis must have and apply appropriate sanctions against members of its workforce who fail to comply with our policies and procedures. Corventis must document any sanctions that are applied.

**Mitigation:** Corventis must mitigate, to the extent practical, any harmful effect of a known use or disclosure violation of PHI by Corventis or a Business Associate.

**Refrain from Intimidating or Retaliatory Acts:** Corventis may not intimidate, threaten, coerce, discriminate against or take retaliatory action against any individual or employee for exercising any HIPAA rights, whistle blowing, complaint filing, testifying, etc with regards to a HIPAA violation.

**Waiver of Rights:** Corventis may not require individuals to waive their rights with regards to HIPAA as a condition of treatment, payment, or enrollment.

**Policies and Procedures:** Corventis must implement policies and procedures with respect to PHI that are compliant with the standards of HIPAA.

**Documentation:** Corventis must maintain policies and procedures; communications; actions and activities for a record retention period of six years from the date of creation or the date it was last in effect, whichever is greater.

### [For More Information or to Submit a Complaint](#)

The first step for obtaining information regarding your PHI is to contact your healthcare provider. When it is not possible or practical, Corventis may be contacted directly for information or to report a problem at the contact information below.

#### **Privacy Officer**

**Corventis, Inc**

1410 Energy Park Drive, Suite 1

St. Paul, MN 55108

User Assistance Number: 1-408-790-9399

PrivacyOfficer@corventis.com

#### **Effective Date:**

August 1, 2009

#### **Revisions to Notice**

Corventis reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Privacy Notice will be promptly posted on our web site.

