



PRIVACY POLICY

Control Bionics' aim is to ensure that all of the regulations outlined by the Health Insurance Portability and Accountability Act (HIPAA) that apply to Control Bionics are followed by all employees.

Control bionics understands the importance of privacy and is committed to maintaining the confidentiality of your protected health information (PHI). Control Bionics may collect, receive, and securely store clients PHI. These records are used to ensure appropriate quality care and to obtain payment or funding assistance. Control Bionics is required by law to maintain the privacy of PHI, to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. This notice describes how we might use and disclose your health information. It also describes your rights and legal obligations with respect to your health information.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT CONTROL BIONICS AT (855) 831-7521.

We may use and disclose your health information in the following ways:

The following categories describe the ways in which we may use and disclose your PHI. If you do not authorize Control Bionics to use or disclose your PHI for these purposes, you may revoke your authorization in writing at any time.

- Payment/Funding Assistance – PHI is primarily used at Control bionics to assist in getting funding assistance through Medicare, Medicaid, or private insurance for Speech Generating Devices (SGDs) or advanced augmentative communications (AAC) devices and solutions.
- Referral to AAC Advocate – Control Bionics may send PHI to AAC advocates as required to aid in alternate funding sources.
- Require by Law – As required by law, Control Bionics will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law.
- Notification and Communication with Guardians, Caregivers, SLPs and Other Health Care Professionals – Control Bionics may disclose your PHI to authorized individuals. This may include customers, relatives of customers, caregivers, SLPs, other medical professionals and various funding agencies including Medicare, Medicaid, and private insurance.
- Law Enforcement – Control Bionics mat, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locations a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena, and with other law enforcement purposes.
- Worker's Compensation – Control Bionics may release your PHI for Workers' Compensation and similar programs.
- Research – Control Bionics may disclose your PHI to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy or de-identification of your PHI has approved their research.
- Military – Control Bionics may disclose you PHI if you are a member of the U.S. or foreign military forces (including Veterans) and if required by the appropriate military authorities.

Control Bionics Inc.

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YOUR PRIVATE HEALTH INFORMATION RIGHTS

- Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your PHI by written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell Control Bionics not to disclose information to your commercial health plan concerning health care time or services for which you pay for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to:

Control Bionics
745 Center Street, Suite 303
Milford, Ohio, 45150

- Confidential Communication

You have the right to request that you receive your health information in a specific way or at a specific location.

- Inspection and Copies

You have the right to inspect and obtain a copy your PHI that may be used to make a decision about you including: customer medical information, funding information, and billing records. You must submit a written request detailing what information you want access to and/or a copy of to Control Bionics. Control Bionics may deny your request to inspect and/or copy in certain limited circumstances.

- Amend or Supplement

You have a right to request that Control Bionics amend your PHI that you believe to be incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. Control Bionics may deny your requests if they do not have the information, if they did not create the information, if you are not permitted to inspect or copy the information at issue, or if the information is accurate and complete.