

Notice of Privacy Practices

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.

Contact: Call 1-866-721-4798 if:

- You have a complaint;
- You have any questions about this Notice;
- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or
- You wish to obtain a form to exercise your individual rights described in paragraph 5.

Purpose:

HealthTronics® Covered Entity, its professional staff, and employees and each affiliated health care provider subject to the HIPAA privacy regulations (listed in Appendix A and referred to individually as Covered Entity) shall follow the privacy practices described in this Notice. Covered Entity maintains your medical information in records that will be maintained in a confidential manner, as required by law. However, Covered Entity must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, Covered Entity must share your medical information as necessary for treatment, payment and health care operations.

What Are Treatment, Payment, and Health Care Operations?

Treatment includes sharing information among health care providers involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications, or with radiologists or other consultants in order to make a diagnosis. Covered Entity may use your medical information as required by your insurer or HMO to obtain payment for your treatment. We also may use and disclose your medical information to improve the quality of care, e.g., for review and training purposes.

How Will Covered Entity Use My Medical Information?

Your medical information may be used, unless you ask for restrictions on a specific use or disclosure, for the following purposes:

- Covered Entity Appointment Schedule, which may include your name, time and day of your appointment, treating physician, and planned procedure.
- Family members or close friends involved in your care or payment for your treatment.
- Disaster relief agency if you are involved in a disaster relief effort.
- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
- As required by law.

- Public health activities, including disease prevention, injury or disability; reporting on deaths; reporting reactions to medications or product problems; notification of recalls; or infectious disease control.
- Health oversight activities, e.g., audits, inspections, investigations, and licensure.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred on Covered Entity's premises; and in emergency circumstances relating to reporting information about a crime.)
- Coroners and medical examiners.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Inmates. (Medical information about inmates of correctional institutions may be released to the institution.)
- To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.

Your Authorization Is Required for Other Disclosures.

Except as described above, we will not use or disclose your medical information unless you authorize (permit) HealthTronics® Covered Entity in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

You Have Rights Regarding Your Medical Information.

You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by HealthTronics® Entity:

- Right to request restriction. You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular procedure), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- Right to inspect and copy. You have the right to inspect and copy your medical information regarding decisions about your care; however, psychotherapy notes may not be inspected and copied. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by Covered Entity. Covered Entity will comply with the outcome of the review.

- Right to request amendment. If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment on the form provided by Covered Entity, which requires certain specific information. Covered Entity is not required to accept the amendment.
- Right to accounting of disclosures. You may request a list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment payment or operations in the past seven (7) years, but not prior to April 14, 2003. After the first request, there may be a charge.
- Right to a copy of this Notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our corporate web site, <http://www.healthtronics.com>.

Requirements Regarding This Notice

Covered Entity is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. Covered Entity may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Covered Entity or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to Covered Entity or the Department of Health and Human Services.

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Effective Date: April 14, 2003

Revised: August 2, 2004