



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.

As Required by the Privacy Regulation Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

COMMITMENT TO PRIVACY

AMT is required by law to maintain the privacy of your protected health information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to your PHI. This notice provides you with the following information:

- how AMT may use and disclose your PHI;
- your privacy rights in your PHI; and
- AMT's obligations concerning the use and disclosure of your PHI.

FOR QUESTIONS ABOUT THIS NOTICE, CONTACT:

HIPAA Compliance Officer
Gordian Medical, Inc.
17595 Cartwright Road
Irvine, CA 92614
(714) 556-0200

HOW AMT MAY USE AND DISCLOSE YOUR PHI

The following categories describe the ways that AMT may use and disclose your PHI.

1. Treatment. AMT may disclose your PHI to others who may assist in your care, such as your physician or therapist.

2. Payment. AMT may use or disclose PHI in order to bill and collect for the services and products you may receive from us. For example, AMT's insurance and billing staff may have to disclose your records to another party such as an insurance carrier, to certify that you are eligible for benefits, and we may provide your insurer with details regarding your use of our product(s) to determine if your insurer will cover, or pay for, your use of our product(s).

3. Health Care Operations. AMT may use and disclose your PHI in its health care operations, including but not limited to:

- training of AMT personnel;
- accreditation, certification, licensing, or credentialing activities;
- conducting or arranging for legal and audit services;
- to conduct cost management and business planning activities;
- business management and general activities including customer services, resolution of internal grievances;
- sale or transfer of assets;
- and creating de-identified health information of a limited data set.

4. Required by Law. AMT may use and disclose your PHI in a response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. Your information may be disclosed in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute. AMT will make an effort to inform you of the request or to obtain an order protecting the information the party has requested.

5. Public Health. AMT may disclose your PHI to public health authorities for purposes related to:

- preventing or controlling disease, injury or disability;
- maintaining records such as birth or death;
- reporting child abuse or neglect;
- notification of a person regarding potential exposure to a communicable disease;
- notification of a person of a potential risk for spreading or contracting a disease or condition;
- reporting problems with products, devices or services;
- notification of an individual concerning safety and/or product recalls; and
- notification of appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence).

6. Health Oversight Activities. AMT may disclose your PHI to a health oversight agency for activities authorized by law. This may include audits, investigations, inspections, licensure, civil, administrative, criminal proceedings or actions, civil rights laws and other proceedings related to oversight of the health care system.

7. Law Enforcement. AMT may disclose your PHI to a law enforcement official for purposes such as:

- regarding a crime victim in certain situations;
- concerning a death believed to have resulted from criminal conduct;
- concerning criminal conduct at our offices and locations;
- in response to a warrant, summons, court order, subpoena, or similar legal process;
- purposes of identifying/locating a suspect, material witness, fugitive or missing person; and
- in an emergency, to report a crime (including but not inclusive to location or victim(s) of a crime, or the description, identity or location of the perpetrator).

8. Coroners, Medical Examiners and Funeral Directors.

AMT may disclose your PHI to coroners, medical examiners, and funeral directors for purposes such as identification of a deceased person or to determine the cause of death of a person.

9. Military. AMT may disclose your identifiable information if you are a member of U. S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.

10. Marketing. Other than by face-to-face communications, AMT will not disclose PHI for marketing purposes without the authorization of the individuals to whom the health information relates. Marketing does not include:

- communications to an individual for treatment, case management, or care coordination, or to make recommendations for alternative treatments, therapies, health care providers, or care settings; and
- communications describing health-related products and services provided by AMT.

11. Research. AMT may disclose your PHI for research when you provide authorization and otherwise as provided by law.

12. Public Safety. AMT may disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

13. National Security. AMT may disclose your PHI to federal officials for intelligence and national security activities authorized by law. This includes but is not limited to military, national security, prisoner and government benefits purposes.

14. Personal Representative. AMT will disclose your PHI to your personal representative when the personal representative has been properly designated by you and the existence of your personal representative is documented to AMT in writing through a written authorization.

15. Workers' Compensation. AMT may disclose your PHI to comply with workers' compensation or similar laws.

16. Sale. AMT must obtain your authorization to sell your PHI.

YOUR RIGHTS REGARDING YOUR PHI

Except as described in this Notice, AMT will not use or disclose your PHI without your written authorization. If you do authorize us to use or disclose your PHI for another purpose you may revoke your authorization in writing at any time. If you revoke your authorization, AMT will no longer be able to use or disclose your PHI for the reasons covered by your written authorization, though we will be unable to take back any disclosures we previously made with your permission.

1. Requesting Restrictions. You have the right to restrictions on certain uses and disclosures of your PHI (such as treatment, health care operations or payment). You have the right to request that we limit our disclosure of your PHI to persons involved in your care or the payment for your care, such as family members and friends. However, except for a request that AMT not disclose health information to a health plan when you have paid out of pocket for a service, AMT is not required to agree to your request. Nonetheless, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You also have the right to receive your PHI through a reasonable alternative means, including a digital format, at an alternative location such as home instead of work, or delivered to a person you designate, such as your doctor or family member. To request a restriction or change in our use or disclosure of your PHI you must make your request in writing to HIPAA Compliance Officer, Gordian Medical, Inc., 17595 Cartwright Road, Irvine, CA 92614, specifying the requested restriction, method of contact, designated person, or the location where you wish to be contacted. AMT will accommodate reasonable requests. You do not have to give a reason for your request. Your request must be in a clear and concise manner and should include:

- the information you wish restricted;
- whether you are requesting to limit our business use, disclosure or both; and
- to whom you want the limits to apply.

2. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including billing records. You may submit your request in writing to HIPAA Compliance Officer, Gordian Medical, Inc., 17595 Cartwright Road, Irvine, CA 92614. AMT may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. AMT may deny your request to inspect and/or copy in certain limited circumstances;

however you may request a review of our denial. Reviews will be conducted by another individual chosen by AMT.

3. Amendment. You have the right to request that AMT amend your PHI you believe is incorrect or incomplete and as long as the information is kept by or for AMT. Your request for an amendment, must be made in writing and submitted to HIPAA Compliance Officer, Gordian Medical, Inc., 17595 Cartwright Road, Irvine, CA 92614. AMT will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Further, AMT may deny your request if you ask us to amend information that is:

- Accurate and complete;
- Not part of the PHI kept by or for the company;
- Not part of the PHI which you would be permitted to inspect or copy; or
- Not created by our company unless the individual or entity that created the PHI is not available to amend the PHI.

4. Breach Notification and Accounting of Disclosure. We are obligated by law to notify you of any breach of your unsecured PHI. Additionally, you have the right to request an "accounting of disclosure" (disclosures AMT has made of your PHI). AMT is not bound to account for disclosures made for purposes of payment functions or health care operations or disclosures made to you. To obtain an accounting of disclosures, you must submit your request in writing to HIPAA Compliance Officer, Gordian Medical, Inc., 17595 Cartwright Road, Irvine, CA 92614. All requests for an "accounting of disclosure must state a time period which may not be longer than 6 years and may not include dates before April 14, 2003. AMT will provide one list per 12 month period at no charge. Additional lists requests within the same rolling 12 month period will be charged to you. AMT will make every attempt to notify you of the cost involved with additional requests and you may withdraw your request before you incur any costs.

5. Right to a Paper Copy of this Notice. You have the right to receive a paper copy of our Notice of Privacy Practices (NPP) at any time. To obtain a paper copy of this Notice send a written request to HIPAA Compliance Officer, Gordian Medical, Inc., 17595 Cartwright Road, Irvine, CA 92614.

6. Changes to this Notice of Privacy Practices. AMT reserves the right to amend this NPP Practice at any time and to make the new NPP provisions effective for all health information that it maintains. We will promptly revise the NPP and distribute it via our website at www.amtwoundcare.com if we make material changes to the NPP. AMT is required to abide by the NPP currently in effect.

7. Complaints. If you believe AMT has violated your privacy rights, you may file a complaint with AMT or with the Secretary of the Department of Health and Human Services. To file a complaint with AMT, send it to HIPAA Compliance Officer, Gordian Medical, Inc., 17595 Cartwright Road, Irvine, CA 92614. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Use and Disclosures. AMT will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reason described in the authorization.