



EFFECTIVE SEPTEMBER 13, 2013

KCI NOTICE OF 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.

**If you have any questions about this notice, please contact
KCI Corporate Compliance Office at 1-800-275-4524 (Ext. 54477)**

PURPOSE OF THIS NOTICE

This notice will tell you about the ways in which KCI may use and disclose the protected health information (“PHI”) that identifies you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

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 the entire PHI we use and disclose related to the products and services used in your care. Your personal doctor, healthcare 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:

- make sure that health information 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 we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests that you may make to communicate PHI by alternative means or at alternative locations;
- obtain your written authorization to use or disclose your PHI for purposes other than those listed below and permitted under law; and
- follow the terms of the notice that currently is in effect.





WHO WILL FOLLOW OUR PRIVACY PRACTICES

This notice describes KCI practices and that of:

- All KCI employees, staff and other company personnel for U.S. operations or any KCI affiliate or subsidiary in which work performed on behalf of U.S. operations is subject to the Health Insurance Portability and Accountability Act of 1996.
- KCI USA, Inc. and KCI Medical Puerto Rico, Inc.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share PHI with each other for treatment, payment or health care operations purposes described in this notice.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding PHI we maintain 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, you must submit a request in writing to the KCI Corporate Compliance Office, 6103 Farinon Drive, San Antonio, TX 78249. You have the right to request a readily-producible form in which your PHI may be delivered. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request. 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 may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, a request must be made in writing to the KCI Corporate Compliance Office, 6103 Farinon Drive, San Antonio, TX 78249. In addition, you 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 the request. In addition, 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 an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This accounting is a list of the disclosures we made of PHI about you. KCI will provide an accounting of all but the following disclosures:
 - Those made for treatment, payment and health care operations;
 - Those made to you about your own PHI;





- Those made to persons involved in your care or other notification purposes;
- Those made pursuant to an authorization signed by you disclosing specific uses and disclosures;
- Where the disclosures are part of a Limited Data Set;
- Where the disclosures are incidental to an otherwise permissible disclosure;
- For national security or intelligence purposes; and
- To correctional institutions or law enforcement custodial situations.

To request this list or accounting of disclosures, you must submit a request in writing to the KCI Corporate Compliance Office, 6103 Farinon Drive, San Antonio, TX 78249. Your request must state a time period that may not be longer than six years from the date of service and may not include dates before April 14, 2003. 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 list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit 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 always required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make a request in writing to the KCI Corporate Compliance Office, 6103 Farinon Drive, San Antonio, TX 78249. In your request, 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.
- Right to Restrict Certain Disclosures to Health Plans.** You have the right to restrict certain disclosures of PHI to a health plan when you pay out of pocket in full for health care items or services.
- Right to Notice of Breach of Unsecured PHI.** You have the right to receive notice in the event that unsecured PHI identifying you has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner.
- Right to Request 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. To request confidential communications, you must make your request in writing to the KCI Corporate Compliance Office, 6103 Farinon Drive, San Antonio, TX 78249. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- Right to Revoke Authorization.** You have the right, in those instances where written authorization is required, to revoke such authorization to use or disclose PHI except to the extent action has already been taken. Such revocation must be in writing.





- 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.

You may obtain an additional copy of this notice at our website, www.kci1.com, under the menu heading "For Patients." To obtain a paper copy of this notice, you must contact the KCI Corporate Compliance Office at 1-800-275-4524 (Ext. 54477).

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we are permitted to use and disclose PHI as a health care provider. 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 required 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 healthcare professionals and providers who provide you with medical treatment or services. For example, we may provide PHI related to your use of our products or services to your home health agency or clinic for purposes of documenting your wound progress or we may provide PHI to a discharge planner in the hospital you were treated at to help them arrange for continued care in your home or another facility to which you are being discharged.
- 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 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 and so they can seek payment or reimbursement for the products and services provided to you or another payor. This may specifically include information required for the Initial Ordering Paperwork, Assignment of Benefits, wound progress notes, and discharge 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 KCI include but are not limited to delivery, pick-up and service functions, collection efforts, internal auditing, business planning (including analysis of product length of stay, utility, or development/ improvement of reimbursement methods or policy), 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.

- Product Alternatives.** We may use and disclose PHI to tell you or your health care provider about possible product alternatives that may be of interest to you, except that we may not do so without your authorization to the extent that we receive direct or indirect remuneration for such use or disclosure of PHI.
- Individuals Involved in Your Care or Payment for Your Care.** We may disclose to a family member, other relative, close personal friend of yours or any other person identified by you PHI directly 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 fail 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, and, if so, disclose only PHI that is directly relevant to the person's involvement with your health care.
- 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 one product or service to those who received another, for the same condition. Also, a research project may involve the gathering of treatment data for certain patients and conditions in order to support the clinical efficacy or new product indications for products that we provide. Most research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients' need for privacy of their PHI. We may, however, disclose PHI about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave our premises. We will in most circumstances ask for your specific authorization if the researcher will have access to your name, address or other direct identifying information that reveals who you are.
- As Required By Law.** We will disclose PHI about you when required to do so by federal, state or local law. For example, we may disclose information for judicial and administrative proceedings pursuant to legal authority; to report information related to victims of abuse, neglect or domestic violence; or to assist law enforcement officials in their law enforcement duties.
- Government Functions.** We may use and disclose PHI about you as required for specialized government functions such as protection of public officials, reporting to various branches of the armed services or national security activities authorized by law.
- 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 Transfers.** There may arise in the course of business the acquisition or sale of our business assets (Business Transfers). Such Business Transfers may involve the sale or purchase of PHI. Also, in the event that KCI USA, Inc. or one of the other entities listed on page one of this notice are acquired or substantially all of its assets are acquired, PHI likely will be one of the transferred assets.
- 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 use or disclose your PHI for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability. This may also include reporting required by the Food and Drug Administration or other agencies whose jurisdiction we and our products are subject to.
- Health Oversight Activities.** We may disclose 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.
- Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, 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 we receive reassurance from the requestor that efforts have been made to tell you about the request and obtain your written authorization or to 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.
- Organ/ Tissue Donation.** We may use or disclose your PHI for cadaveric organ, eye or tissue donation purposes.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of PHI not covered by this notice or otherwise permitted by the laws that apply to us will be made only with your written authorization. Your authorization will not be required if KCI uses or discloses health information, for purposes other than as covered by this notice or permitted by law if KCI removes any information that individually identifies you before disclosing the remaining information. Certain uses and disclosures of PHI, including those uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your authorization. If you provide us authorization to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the products and services that we provided to you.





CHANGES TO THIS NOTICE

We reserve the right to change our information practices and to make the new provisions effective for all PHI we maintain. We also reserve the right to change this notice at anytime. 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. We will post a copy of the current notice on our website at www.kci1.com. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

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 the following individual: Privacy Officer, KCI Corporate Compliance Office, 6103 Farinon Drive, San Antonio, TX 78249. **You will not be penalized for filing a complaint.**

CONTACT

For more information regarding this Notice of Privacy Practices and your rights hereunder, contact: Privacy Officer, KCI Corporate Compliance Office, 6103 Farinon Drive, San Antonio, Texas, 78249, or by phone at 1-800-275-4524 (Ext. 54477).

