

## **NOTICE OF PRIVACY PRACTICES (Effective May 8, 2013)**

**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.**

This Notice of Privacy Practices (this "Notice") describes how we may use and disclose your protected health information to carry out treatment, payment and/or health care operations and for other purposes that are permitted or required by law. It also describes certain individual rights that you have to your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **USES AND DISCLOSURES**

We may use and disclose your protected health information in a variety of circumstances described below.

**Uses and Disclosures for Treatment, Payment, and Health Operations.** We will use and disclose your protected health information as follows:

- **For Treatment.** For example, information obtained from a physician will be recorded in your record and used to fill orders for the equipment and supplies you may need.
- **For Payment.** For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and supplies used.
- **For Health Care Operations.** For example, members of our quality improvements team may use information in your health record to assess our compliance with applicable laws, regulations and industry standards. This information may then be used in an effort to improve the quality and effectiveness of the services we provide.

**Other Uses and Disclosures.** In addition to treatment, payment and health care operations, we may use and disclose your protected health information as follows:

- **Business Associates.** We may contract with one or more business associates through the course of our operations. An example of a business associate of Continuum is a distributor who ships equipment or supplies from us to you. We may disclose your protected health information to our business associates so that they can perform the job we have asked them to do. To protect your protected health information, however, we require that business associates appropriately safeguard your information.
- **Notification.** We may use or disclose information to notify, or assist in notifying, a family member, personal representative or other person responsible for your care of your location and general condition.
- **Communication with Family.** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify protected health information relevant to such person's involvement in your care or payment related to your care.
- **Supply Reminders and Treatment Alternatives.** We may contact you for order or re-order reminders, or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Health Oversight Activities.** We may disclose protected health information about you to a health oversight agency for activities authorized by law.
- **Food and Drug Administration (FDA).** We may disclose to the FDA protected health information that relates to adverse events involving product defects or post-marketing surveillance to enable product recalls.
- **Public Health.** We may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability and other public health responsibilities.

- **Victims of Abuse.** We may disclose protected health information about you if we believe you are a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.
- **Threat to Health or Safety.** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.
- **Correctional Institutions.** Should you be an inmate of a correctional institution, we may disclose to the institution or agency thereof protected health information necessary for your health and the health and safety of other individuals.
- **As Required By Law.** We may disclose protected health information when required to do so by federal, state or local law, or in response to a valid subpoena.
- **Law Enforcement.** We may release protected health information about you if asked to do so by a law enforcement official.
- **Lawsuits / Disputes / Court Proceedings.** If you are involved in a lawsuit, dispute or court proceeding, we may disclose protected health information about you in response to a court or administrative order. We may disclose protected health information about you in response to the following: subpoenas, discovery requests or other lawful processes by others involved in the dispute. Such disclosures will be made only after efforts have been made to inform you about the request or to obtain an order protecting the information requested.
- **Coroners and Medical Examiners.** We may disclose protected health information about you to a coroner or medical examiner for identification purposes, determining a cause of death, or other duties as authorized by law.
- **Funeral Directors.** We may disclose protected health information about you to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to you.
- **Armed Forces Personnel.** We may use and disclose your protected health information if you are a member of the Armed Forces for activities deemed necessary by appropriate military command authorities.
- **National Security and Intelligence Activities.** We may disclose protected health information about you to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities. We may also disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- **Workers' Compensation.** We may disclose protected health information for workers' compensation or other similar programs established by law.

**Uses and Disclosure with Authorization.** Uses and disclosures not outlined above will only be made with your written authorization, which you may revoke in writing at any time. For example, except as otherwise permitted by law, we will not sell your protected health information or use or disclose your protected health information for marketing purposes without your prior written authorization.

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

Although some of your health records are created by Continuum, you have certain rights to the information contained in such records.

#### **Specifically, you have the right to:**

- Request a restriction on certain uses and disclosures of your information to carry out treatment, payment and/or health care operations, as well as uses and disclosures to individuals involved in your care and for notification purposes. In most cases, Continuum is not required to agree to such a request; however, Continuum must agree to your request to restrict disclosure of your protected health information to a health plan if the disclosure is for payment or health care operation purposes and you have paid for the underlying item or service in full;

- Request confidential communication of your protected health information. Continuum must accommodate reasonable requests for confidential communications;
- Obtain a paper copy of this Notice upon request;
- Inspect and copy certain protected health information;
- Request that Continuum amend certain protected health information;
- Obtain an accounting of certain disclosures of your protected health information;
- Request communications of your protected health information by alternative means or at alternative locations; and
- Revoke an authorization to use or disclose protected health information except to the extent that action has already been taken in reliance on the authorization.

**In addition, Continuum is required to:**

- Maintain the privacy of your protected health information;
- Provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
- Notify you following a breach of your unsecured protected health information;
- Abide by the terms of this Notice;
- Make available to you a revised Notice if we make any changes to the terms of this Notice. Revised Notices will be posted on Continuum's website ([www.continuuminc.com](http://www.continuuminc.com)) and we will also provide you a copy of our revised Notice upon request.

**CONTACTING US**

**Complaints.** If you believe your privacy rights have been violated, you can file a complaint with our HIPAA Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact the HIPAA Officer by mail at the address below or by calling the number below and asking to be transferred to a member of the Legal Department.

**Contact Information.** If you have questions or would like additional information, you may contact the HIPAA Officer using the following contact information:

Thoratec Corporation  
 Attn: Legal Department  
 6035 Stoneridge Drive  
 Pleasanton, CA 94588  
 (925) 847-8600

**CHANGES**

We reserve the right to change our privacy practices that are described in this Notice, and to apply such changes to protected health information we already have about you as well as any information we receive in the future. In the event of any such change, we will revise this Notice. We will post a copy of the revised Notice on our website ([www.continuuminc.com](http://www.continuuminc.com)) and we will provide you with a copy of the revised Notice upon request.

**PLEASE ACKNOWLEDGE RECEIPT OF THIS NOTICE BY INITIALING ON THE APPROPRIATE LINE OF THE PATIENT INFORMATION / AUTHORIZATION / HIPAA ACKNOWLEDGEMENT FORM**