

CONFIDENTIALITY AND PRIVACY

Notice of Confidentiality and 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.

Protecting Your Health Information

BioTelemetry, Inc., together with its family of companies including CardioNet, LLC, Heart-Care Corporation of America, Inc., LifeWatch Services, Inc., and Telcare Medical Supply, LLC, understands the importance of keeping your health information private. We are required by law to maintain the privacy of health information that identifies you or can be used to identify you. We are also required to provide you with this notice of our privacy practices, our legal duties and your rights concerning your health information. We are required to abide by the terms of this notice currently in effect. We may modify or change our privacy practices described in this notice from time to time, particularly as new laws and regulations become effective. Any changes will be effective for all the health information that we maintain, even information in existence before the change. If we materially modify our privacy practices, you may obtain a revised copy of this notice by contacting us using the information listed at the end of this notice, or by accessing our website at www.gobio.com/patients.

Uses and Disclosures of Your Health Information

Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use and disclose your health information, without your authorization, in the following ways:

Treatment: We may use and disclose your health information to provide, coordinate or manage your treatment. For example, we may disclose your health information to a provider who requests this information to treat you.

Payment: We may use and disclose your health information to bill and get payment for health services we provide to you. For example, we may disclose your health information to your health insurance plan to obtain payment for services provided to you.

Health Care Operations: We may use and disclose your health information in order to support our business activities. For example, we may use your health information to conduct quality improvement activities, to engage in care coordination and case management, to conduct business management and general administrative activities, and other similar activities.

Health & Wellness Information: We may use your health information to contact you with information about health related services or appointment reminders. If you do not wish to receive this type of information, you may request to opt-out of receiving this information by sending an email to privacy@biotelinc.com or calling the phone number provided at the end of this notice.

Research: Under certain circumstances, we may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and protocols to ensure the privacy of your health information.

Death; Organ Donation: We may disclose your health information to a coroner, medical examiner, funeral director or organ procurement organization for certain purposes as necessary for each to carry out their duties. For example, if you are an organ donor, we may disclose your health information to an organ procurement organization as necessary to facilitate organ donation or transplantation. We may disclose your health information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

Public Health and Safety: We may disclose your health information in connection with certain public health reporting activities. For example, we may disclose your health information to a public health authority authorized to collect or receive such information such as state health departments and federal health agencies. We may use and disclose your health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. We may also disclose your health information to the Food and Drug Administration (FDA) or a person subject to the jurisdiction of the FDA for the purpose of activities related to the quality, safety or effectiveness of an FDA-regulated product or activity.

Required by Law: We will use or disclose your health information when we are required to do so by law.

Process and Proceedings: We may disclose your health information in response to a court or administrative order, subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your health information, so long as applicable legal requirements are met, to a law enforcement official, such as for providing information to the police about the victim of a crime.

Inmates: We may disclose your health information if you are an inmate of a correctional institution and we created or received your health information in the course of providing care to you.

Military and National Security: We may disclose your health information to military authorities if you are a member of the Armed Forces. We may disclose your health information to authorized federal officials for lawful intelligence, counterintelligence, protection of the President and authorized persons or foreign heads of state and other national security activities.

Workers' Compensation: We may disclose your health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Health Oversight: We may disclose your health information in connection with certain health oversight activities of licensing and other agencies, such as audit, investigation, inspection, licensure, or disciplinary actions, and civil, criminal, or administrative proceedings.

Required by the Secretary of Health and Human Services: We may be required to disclose your health information to the Secretary of the United States Department of Health and Human Services to investigate or determine our compliance with certain legal requirements.

National Instant Criminal Background Check System: We may use or disclose your health information for purposes of reporting to the National Instant Criminal Background Check System the identity of an individual who is prohibited from possessing a firearm under 18 U.S.C. 922(g)(4),

Business Associates: We may disclose your health information to persons who perform functions, activities or services to us or on our behalf that require the use or disclosure of your health information. To protect your health information, we require the business associate to appropriately safeguard your information.

To You: We will disclose your health information to you, as described in the Individual Rights section of this notice.

Uses and Disclosures That May Be Made Either With Your Agreement or the Opportunity to Object

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, orally or in writing, your health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

Uses and Disclosures Based on Your Written Authorization

Marketing: We must obtain your written authorization to use and disclose your health information for most marketing purposes.

Sale of Health Information: We must obtain your written authorization for any disclosure of your health information which constitutes a sale of health information.

Other Uses: Other uses and disclosures of your health information will be made only with your written authorization, except as described in this notice or as otherwise required or allowed by applicable law.

In the event that we ask for your authorization to use or disclose your health information, we will provide you with an appropriate authorization form. Once you've given us a written authorization, you can revoke that authorization at any time, except to the extent that we have taken action in reliance on your authorization.

Individual Rights

Access: You have the right to see or get an electronic or paper copy of your health information by submitting a request to us in writing using the information listed at the end of this notice. There are certain exceptions to your right to obtain a copy of your health information. For example, we may deny your request if we believe the disclosure will endanger your life or that of another person.

Depending on the circumstances of the denial, you may have a right to have this decision reviewed. We will charge you a fee to cover the costs incurred by us in complying with your request.

Disclosure Accounting: You have the right to an accounting of disclosures of your health information made by us by submitting a request to us in writing using the information listed at the end of this notice. This right only applies to instances when we or our business associates disclosed your health information for purposes other than treatment, payment, health care operations, upon your written authorization, and certain other activities. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must specify a time period, which may not be longer than 6 years. You may request a shorter timeframe. You have the right to one free request within any 12-month period, but we may charge you for any additional requests in the same 12-month period. We will notify you about any such charges, and you are free to withdraw or modify your request in writing before any charges are incurred.

Restriction Requests: You have the right to request restrictions on the use and disclosure of your health information by submitting a request to us in writing using the information listed at the end of this notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to these additional restrictions, except we must agree not to disclose your health information to your health plan if the disclosure (1) is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or service which you paid for in full out of pocket. If we agree to a restriction, we will abide by our agreement (except in an emergency).

Confidential Communication: You have the right to receive certain communications confidentially. That means you can request that we communicate with you by alternative means or to an alternative location by submitting a request to us in writing using the information listed at the end of this notice. We will accommodate your request if it is reasonable and specifies the alternative means or location. We may also condition this accommodation by asking you for information as to how payment will be handled.

Amendment: You have the right to amend your health information in our records for as long as we maintain the information. You must make a request in writing, using the information listed at the end of this notice, to obtain an amendment. Your written request must explain why the information should be amended. If we agree to amend your health information, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures of that information. We may deny your request if, for example, we determine that your health information is accurate and complete. If we deny your request, we will send you a written explanation and allow you to submit a written statement of disagreement to be appended to the information you want amended.

Paper Notice: If you receive this notice electronically you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Breach: You have the right to be notified if you are affected by a breach of unsecured health information.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about your rights to your health information, you may submit a complaint to us using the information listed at the end of this notice. You may also submit a complaint to the U.S. Department of Health and Human Services.

We support your right to protect the privacy of your health information. We will not retaliate against you in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

BioTelemetry, Inc.
Privacy Officer
1000 Cedar Hollow Road, Suite 102
Malvern, PA 19355

Telephone: 610.729.7000
email: privacy@biotelinc.com

Update Effective Date: August 30, 2017