

RIGHT TO INSPECT AND COPY:

You have the right to inspect and copy medical information about you, or your care. Usually, this includes medical and billing records. To inspect, and copy medical information about you, or your care, you must submit your request in written form to Zynex Medical. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request, and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

RIGHT TO AMEND:

If you feel that medical information 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, your request must be made in writing, and submitted to Zynex Medical. 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. We may also 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 medical information kept by, or for us
- Is not part of the information you should be permitted to inspect, and copy or, is accurate, and complete

RIGHT TO AN ACCOUNTING OF DISCLOSURE:

You have the right to request an “accounting of disclosures.” This accounting is a list of the disclosures we made of medical information about you. This list will not include disclosures made for treatment, payment, or Zynex Medical’s health care operations, disclosures that you have previously authorized us to make, or disclosures specifically exempted from the disclosure accounting requirements.

To request this list, or accounting of disclosures, you must submit your request in writing to Zynex Medical, Your request must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may 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 medical information we use, or disclose about you for your treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member, or friend. We are



not required to agree to request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request your restrictions, you must make your request in written form to Zynex Medical. In your request, you must tell us (1) what information you want to limit (2) whether you want to limit use, disclosure, or both, and (3) to whom you want the limit to apply, for example, disclosure to your spouse.

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 you Zynex Medical. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. Unless you request confidential communications, we may contact you by mail, or by telephone, and leave messages regarding your care on the voicemail, or with a family member, or other individuals who may answer the phone.

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 receive a paper copy of this notice.

You may obtain a paper copy of this notice at our website: www.zynex.com. To obtain a paper copy of this notice, send your request in writing to Zynex Medical.

HOW WE MAY USE & DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we are permitted to use, and disclose medical information as a health care provider, although certain of these categories may not apply to our business, and we may not actually use, or disclose your medical information for such a purpose. For each category of uses, or disclosures, we will explain what we mean, and try to give some examples. 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 information will fall within one of the categories.

- **For Treatment:** We may use medical information about you to provide you with medical treatment, or services. We may disclose medical information about you to physicians, clinicians who are involved in taking care of you. For example, we may contact your physician to determine how long you will be using our product. We may also disclose medical information about you to people who may be involved in your medical care after you have received our products, and services, such as family members, clergy, or others we use to provide services that are part of your care.
- **For Payment:** We may use, and disclose medical information about you so that the treatment, and services we provide you may be billed to, and be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about products, and services we provide to you so your health plan will pay us, or reimburse you for the products, and services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.



- **For Health Care Operations:** We may use, and disclose medical information about you for our health care operations. These uses and disclosures are necessary to run our company, and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment, and services, and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer. What services are not needed, and whether certain new treatments are effective. We may also disclose information to medical professionals and Zynex Medical employees for review, and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study healthcare, and health care delivery without learning who the specific patients are.
- **Treatment Alternatives:** We may use, or disclose medical information to tell you about, or recommend possible treatment options, or services that may be of interest to you.
- **Health-Related Benefits and Services:** We may use, and disclose medical information to tell you about health-related benefits, or services that may be on interest to you.
- **Individuals Involved in Your Care, Or Payment Of Your Care:** We may release medical information about you to a friend, or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family, or friends your location, and condition, and that you are receiving products, and services from us. In addition, we may disclose medical information about you to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **Research:** Under certain circumstances, we may use, and disclose medical information 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. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project, and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use, or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information 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 medical information they review does not leave our premises. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.
- **As Required By Law:** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat of Health or Safety:** We may use, and disclose medical information about you when necessary to prevent a serious threat to your health, and safety of the public, or another person. Any disclosure, however, would only be to someone able to prevent the threat.



- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to appropriate foreign military authority.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries, or illness.
- **Public Health Activities:** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent, or control disease, injury, or disability.
 - To report births, or deaths.
 - To report child abuse or neglect.
 - To report reactions to medications, or problems with products.
 - To notify people of recalls of products they may be using.
 - To notify a person who may have been exposed to a disease, or may be at risk for contracting, or spreading a disease, or condition.
 - To notify the appropriate government authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required, or authorized by law.
- **Health Oversight Activities:** We may disclose medical information 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 dispute, we may disclose medical information about you in a response to a court, or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request, or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release medical information if asked to do so by law enforcement official: In response to a court order, subpoena, warrant, summons, or similar process. To identify or locate a suspect, fugitive, material witness, or missing person. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement. About a death we believe may be the result of criminal conduct. About criminal conduct occurring on our premises. In emergency circumstances to report a crime, the location of the crime, or victims, or the identity, description, or location of the person who committed that crime.
- **Coroners, Medical Examiners, and Funeral Directors:** We may release medical information to a coroner, or medical examiner. This may be necessary, for example, to identify a deceased person, or determine the cause of death. We may also release medical information about our patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.



- **Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may (1) release medical information about you to the correctional institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Sale of Business Assets:** We reserve the right to transfer medical information about you to a third party in conjunction with the sale of our company, or certain assets belonging to our company.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information 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: www.zynex.com. The notice will contain the effective date on the first page, in the top right-hand corner.

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, contact our Privacy Official, 9555 Maroon Circle, Englewood, CO 80112. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION:

Other uses, and disclosures of medical information not covered by this notice, or by the laws that apply to use will be made only with your written permission. If you provide us permission to use, or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use, or disclose medical information about you for the reasons covered by your written authorization. Please 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 care that we provided to you.

CONTACT US

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