



10363 Democracy Lane,  
Fairfax Virginia, 22030  
Eyegaze Inc. U.S.A  
Phone: 703-385-8800

## NOTICE OF 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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

### Key Issues

We may use and disclose your health information for providing durable medical equipment (DME), to obtain payment for DME, for administrative purposes, and to evaluate the quality of service that we provide. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. We may use or disclose identifiable health information about you without your authorization in several situations, but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. See details below for examples of information uses.

**Your rights:** In most cases, you have the right to look at or get a copy of health information about you. You also have the right to receive a list of certain types of disclosures of your information that we made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

**Our legal duty:** We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. We reserve the right to change the terms of our Notice of Privacy Practices. We will post and you may request a written copy of the revised Notice of Privacy Practices. For more information about our privacy practices, contact the person listed below.

**Complaints:** If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The address is listed below. We will not retaliate against you for filing a complaint.

**Payment:** Your protected health information will be used, as needed, in activities related to obtaining payment for durable medical equipment. For example, obtaining approval for your communication device may require that your relevant protected health information be disclosed to your health insurance company or governmental plan to obtain approval for the equipment.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support out business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record.

**Business Associates:** We may share your protected health information with a third party "business associate" that performs various activities (e.g. billing, outside sales). Whenever an arrangement between a business associate and us involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Marketing:** We may use or disclose certain health information in the course of providing you with information about equipment alternatives, health-related services, or fund-raising activities. You may contact us to request that these materials not be sent to you.

### Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care.

**Communication Barriers:** We may use and disclose your protected health information if we have attempted to obtain acknowledgement from you of our Notice of Privacy Practices but have been unable to do so due to substantial communication barriers

and we determine, using professional judgment, that you would agree.

#### Without Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization or opportunity to object.

**Public Health:** For public health purposes to a public health authority or to a person who is at risk of contracting or spreading your disease.

**Health Oversight:** To a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Abuse, or Neglect:** To an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.

**Food and Drug Administration:** In the course of legal proceedings.

**Law Enforcement:** For law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

**Research:** To researchers when their research has been approved by an Institutional Review Board or Privacy Board.

**Soldiers, Inmates, and National Security:** To military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate disclosure of protected health information.

**Workers' Compensation:** To comply with workers' compensation laws.

**Compliance:** To the Department of Health and Human Services to investigate our compliance.

In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law.

#### Your Rights

You have the right to:

**Inspect and copy your protected health information:** However, we may refuse to provide access to certain psychotherapy notes or information for a civil or criminal proceeding.

**Request a restriction of your protected health information:** You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.

**Request to receive confidential communications from us by alternative means or at an alternative location:** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

**Ask us to amend your protected health information:** You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

**Receive an accounting of certain disclosures we may have made:** This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, for a facility director, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Please contact us for more information:  
Eyegaze Inc., Funding Dept.  
10363 Democracy Lane  
Fairfax, Virginia 22030  
703-385-8800

For more information about HIPAA, or to file a complaint:  
U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Ave., SW  
Washington, DC 20201  
877/696-6775