

BRAEBON Privacy Notice

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.

BRAEBON Medical Corporation is required by law to maintain the privacy of your medical records and to give you this notice that describes our privacy practices. This notice describes how we may use and disclose your protected health information to carry out scoring, interpretation and payment for these services. It also describes your rights to access and control your protected health information, which is information about you, including demographics that may identify you and that relates to your past, present or future physical or mental health and related health care services.

The purpose of this notice is to comply with all national and international requirements pertaining to the integrity, confidentiality and the availability of all electronic protected health information.

This policy covers all electronic information including electronic protected health information (E PHI), which is a person's identifiable health information.

Uses and disclosures of protected health Information

We may use or disclose your health information as follows:

- For Scoring. To a certified Sleep Technician or other healthcare provider within or outside of BRAEBON Medical Corporation who is performing scoring services for your doctor, dentist or other health care provider.
- For Interpretation. To a physician or other healthcare provider within or outside of BRAEBON Medical Corporation who is providing interpretation services for your doctor, dentist or other health care provider.
- For diagnoses or treatment. To your doctor, dentist or health care provider to whom you have been referred. Your health care information will be used to ensure that the physician or health care provider has the necessary information to diagnose or treat you.
- For Payment. To obtain payment for service we provide to your doctor, dentist, or other health care provider. This may include activities your health insurance plan may undertake if it approves or pays for the health care service we provide to your physician or health care provider and may include the determination of eligibility for plan benefits, or to coordinate benefits.
- For Authorization. In addition to our use of your health information for scoring, interpretation or payment, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke your authorization at any time, in writing, except to the extent an action already has been taken in reliance on your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any purpose except those described in this notice.

Other Permitted and Required Uses and Disclosures that may be made without Consent, Authorization or Opportunity to Object

We may use or disclose your health information in the following situations without your consent or authorization:

- As required by Law. We may use or disclose your health information to the extent disclosure is required by law. You will be notified, as required by law, of a use or disclosure.
- Public Health. We may use or disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury or disability, reporting to a National Regulatory Body, such as the Food and Drug Administration, problems with products and reactions to products and reporting disease or infection exposure.
- Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure and other activities related to the oversight of the health care system.
- Legal Proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
- Anonymous aggregate data. We may use anonymous aggregate data for information gathering and quality purposes.

Statement of your Health Information Rights

- Access. You have the right to inspect and copy your protected health information. This includes medical and billing records and any other records that your physician, dentist or other health care provider uses to make decisions about you. If you request a copy of the information, we will provide you with an electronic copy free of charge.
- Right to be Forgotten. You have the right to have your data erased when the data is no longer relevant to its original purposes for processing or you have withdrawn consent. This right is subject to restrictions where it contradicts with the public interest in the availability of the data.
- Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your health information. You may ask us not to use or disclose any part of your protected health information for the purpose of diagnoses, treatment or payment. You may also request that any part of your protected health information not be disclosed to health care providers, family members or friends who maybe involved in your care or payment for health care. Your request must state the restriction requested and to whom you want the restrictions to apply. BRAEBON Medical Corporation is not required to agree to the restrictions you request.
- Right to Request Amendment. You have a right to request an amendment to your health information that was created by us that you believe is incorrect or incomplete. We are not required to change your health information. If you request is denied, we will

provide you with information about our denial and tell you how to file a statement of disagreement with us. We may prepare a rebuttal to your statement, a copy of which will be provided to you.

- **Right to Accounting of Disclosures.** This right applies to disclosures for purposes other than scoring, interpretation result or payments as described in this (*Notice of Privacy Practices*) and disclosures made to you. Your request should specify a time period of up to six years. BRAEBON Medical Corporation will provide one list per 12 month period free of charge. We may charge you for additional lists.
- **Confidential Communications Requirements.** You have the right request an alternative means or location for receiving communications of protected health information other than those typically used by BRAEBON. BRAEBON Medical Corporation will accommodate reasonable request.
- **Complaints.** You may complain to the Data Protection Officer about this *Notice of Privacy Practices* if you believe your rights under the notice have been violated. We will not retaliate against you for filing a complaint.

You must submit your request to:

Elizabeth Rafferty, Regulatory Affairs Manager, Data Protection Officer,
HIPAA Privacy and Security Officer

BRAEBON Medical Corporation
1-100 Schneider Road
Kanata, ON
K2K 1Y2