

HIPAA 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 CAREFULLY. If you have any questions or require further information, please contact Jim Bechtold, the (EBI LLC dba Biomet Spine, Trauma) Privacy Officer, at the address or telephone number located at the bottom of this notice. We are required by law to 1) make sure that medical information which identifies you is kept private. 2) Give you this notice of our legal duties and privacy practices with respect to medical information about you. 3) Follow the terms of the notice currently in effect. 4) Change the notice only in accordance with federal rules. 5) Advise you of our internal complaint process for privacy issues. This notice describes the privacy practices of dba Biomet, all Biomet employees, business associates and other dba Biomet personnel. All of these individuals, locations and entities comply with the terms of this notice. These individuals, locations and entities may also share medical information with each other for treatment, payment or health care operations purposes described in this notice.

Your rights regarding medical information about you: To inspect, copy medical information about you or your care, request an amendment, request this list or accounting of disclosures, please write to Jim Bechtold, (EBI LLC dba Biomet Spine, Trauma) Privacy Officer, 100 Interpace Parkway, Parsippany, NJ 07054. You must provide a reason that supports your request. If your request is denied you may submit a written request for a review of that decision by filing a complaint as noted below. If you request a copy of the information, a fee for the costs of copying, mailing or other supplies associated with your request may be charged. Your rights include the:

- Right to inspect and copy medical information about you or your care. This includes medical and billing records.
- Right to amend medical information we have about you that is incorrect or incomplete for as long as the information is kept by or for us. We could deny your request to amend a record if the information was not created by us, if it is not part of the medical information maintained by us, or if we determine that the record is accurate. You may appeal in writing a decision by us not to amend a record by filing a complaint as noted below.
- Right to an accounting of disclosures we made of your medical information, except disclosures made for treatment, payment and Biomet's health care operations or where you specifically authorized a disclosure, by submitting a written request. Your request must state a specific time period, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form.
- Right to request restrictions or limitations on the medical information we use or disclose about you for treatment, payment or health care operations except when specifically authorized by you, when required by law, or in an emergency. **We will consider your request, but we are not legally required to accept it.** We will inform you of our decision once your request has been reviewed.
- Right to request confidential communications 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.
- 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 a paper copy of this notice.

You may obtain a copy of this notice at our website, www.biomet.com. A paper copy of this notice is available upon written request to the EBI LLC Privacy Officer.

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. The notice will contain on the first page, in the top right-hand corner, the effective date.

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 Jim Bechtold, Biomet Privacy Officer, 100 Interpace Parkway, Parsippany, NJ 07054 or call 1-800-526-2579 x3030. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Requests for restrictions: must be made in writing to Jim Bechtold, Biomet Privacy Officer, 100 Interpace Parkway, Parsippany, NJ 07054. You must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, (i.e., disclosures to your spouse). To request confidential communications, you must make your request in writing to Jim Bechtold, Biomet Privacy Officer, 100 Interpace Parkway, Parsippany, NJ 07054.

HOW WE MAY USE AND 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. 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 employees or agents of Biomet and/or its individuals/entities who are involved in your care (i.e. caregivers, medical/technical staff, etc.)

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 payment may be collected from you, an insurance company or a third party. [For example: we may need to give your health plan information about products/services we provided to you so that your health plan will pay us or reimburse you]. We may advise your health plan about a treatment you are going to receive in order 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 to insure that our patients receive quality care. [For example: we may use medical information to review our treatment and services and to evaluate staff performance.] We may 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 disclose information to health care personnel, health agencies or employees/agents of the company 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 health care and health care delivery.

Directory. We may include certain limited information about you in a directory while you are receiving products or services from us.

Individuals Involved in Your Care or Payment for 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.

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 to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

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 are subject to a special approval process. This process evaluates a proposed research project while 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 the research approval process. We may 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.

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.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs.

Public Health Activities. We may disclose medical information about you for public health activities.

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 a dispute, we may disclose medical information about you in 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.

Law Enforcement. We may release medical information if asked to do so by law enforcement officials in response to a court order, subpoena, warrant, summons or similar process.

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.

OTHER USES OF MEDICAL INFORMATION: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with 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. You 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.

VERSION EFFECTIVE: June 2010

www.biomet.com