

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 IT CAREFULLY. This notice describes the privacy practices of EBI, LLC d/b/a Zimmer Biomet Bone Healing Technologies (hereinafter "Zimmer Biomet"). It identifies how Zimmer Biomet may use and disclose your medical information. It also describes your rights with respect to your medical information. The term "medical information" means any information we maintain that can reasonably be used to identify you and that relates to your physical or mental health condition, the provision of health care to you or payment for such health care. Zimmer Biomet, our employees and other personnel are required to comply with the terms 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, and 4) Notify you in the event of a breach of unsecured medical information about you. We reserve the right to change this notice and to make the revised notice effective for medical information we already have about you as well as any information we receive in the future. If we change this notice, we will make a current copy of the notice available on our website at www.biomet.com. A paper copy of this notice is also available upon written request to the Privacy Officer, at the address listed at the bottom of this notice.

Your rights regarding medical information about you: You have rights regarding your medical information. To exercise any of the rights described below, please submit a written request to the Privacy Officer, at the address listed below in the "Contact Information" section. We will respond to your written request in a timely manner. Your rights include the:

- ◆ **Right to inspect and copy medical information** that may be used to make decisions about you or your care, such as medical and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other permitted supplies associated with your request. In certain limited circumstances, we may deny your request to inspect and copy your medical information. If your request is denied, you have the right to have the denial reviewed by submitting a written request for a review of that decision. If we maintain a copy of your medical information electronically, you have the right to request that we send a copy of your medical information in an electronic format to you or to a third party that you identify. In some cases you may receive a summary of your medical information. We may charge a reasonable fee for sending the electronic copy of your medical information or for creating a summary.
- ◆ **Right to amend medical information** we have about you that you believe 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 in certain circumstances, such as if the information was not created by us, if it is not part of the medical information maintained by us to make decisions about you or your care, or if we determine that the record is accurate. You may appeal a decision by us not to amend a record by writing to the Privacy Officer at the address listed below.
- ◆ **Right to an accounting of disclosures** we made of your medical information during the six years prior to your request, except for certain disclosures including those made for treatment, payment and health care operations or where you specifically authorized a disclosure. Your request must be in writing and state a specific time period. You may receive the accounting in paper or electronic form. Within a twelve month period, we will provide the first accounting free of charge, but will charge a reasonable fee for the costs of providing any subsequent accountings within that same period. We will inform you of the cost in advance and you have the option to withdraw or modify your request if you would prefer.
- ◆ **Right to request restrictions or limitations** on the medical information we use or disclose about you for treatment, payment, health care operations, or to others who are involved in your health care or payment for your health care, except in an emergency or in other limited circumstances. When requesting a restriction, please 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 (e.g., disclosures to your spouse). **We will consider your request, but we are not legally required to accept it.** We will honor your request that we not send your medical information to your health plan in certain circumstances if the medical information concerns a health care item or service for which you, or someone on your behalf, have paid us in full out of pocket.
- ◆ **Right to request confidential communications** about your medical information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests.

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 Zimmer Biomet's website, www.biomet.com.** A paper copy of this notice is also available upon written request to the Privacy Officer at the address below.

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 the Privacy Officer at the address listed below. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

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. 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 medical information without your permission will fall within one of the categories. State laws and regulations may impose further limits or requirements on our ability to use or disclose your medical information or certain categories of your medical information. We will follow more stringent state laws and regulations that apply to us and your medical information. For more information about your state's laws and whether they limit any of the activities described in this Notice, contact the Privacy Officer at the address listed below.

For Treatment. We may use and disclose medical information about you to provide you with medical treatment or services. For example, we may disclose medical information about you to other providers or hospitals who are involved in your care to help provide treatment.

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.

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 or to someone who helps pay for your care, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests.

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, consistent with applicable law and ethical standards.

Abuse, Neglect or Domestic Violence. We may disclose medical information to notify an authorized government authority if we believe you have been the victim of abuse, neglect or domestic violence.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects are subject to a special approval process or otherwise must meet certain requirements.

Military and Veterans Activities and National Security. We may use or disclose medical information for certain specialized government functions such as military and veteran activities, national security and intelligence activities, and protective services for the President and others.

Workers' Compensation. We may release medical information about you authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Coroners, Funeral Directors and Organ Donations. We may disclose medical information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose medical information to funeral directors as authorized by law. Medical information also may be used and disclosed for cadaveric organ, eye, or tissue donations.

Public Health Activities. We may disclose medical information about you for public health activities as authorized by law, such as public health reporting to a public health authority to prevent or control disease, injury or disability or to enable product recalls.

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 actions. We may also disclose your medical information for other activities that are necessary for appropriate monitoring of the health care system, government programs, and entities subject to civil rights laws.

Lawsuits, Proceedings and Disputes. We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in certain circumstances in response to a subpoena, discovery request or other lawful process.

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. We may also disclose limited medical information to a law enforcement official for the purpose of providing information to help locate a missing person or report a crime.

Business Associates. We may share your medical information with business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose information other than as specified in our contract or required by law.

Correctional Institutions or Law Enforcement Officials. We may use or disclose your medical information if you are an inmate of a correctional institution or under the custody of a law enforcement official, if necessary (1) for the 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.

Data Breach Notification. We may use your contact information to provide you with notice of an unauthorized access, use, disclosure or acquisition of your medical information.

OTHER USES OF MEDICAL INFORMATION: Other uses and disclosures of medical information not covered by this notice will be made only with your written permission. For example, except for certain limited purposes, we will not use or disclose psychotherapy notes without your permission. We also will not use or disclose your medical information for certain marketing activities and will not sell your medical information without your 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 permission. 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.

CONTACT INFORMATION: To exercise any of your rights described in this notice, to file a complaint with Zimmer Biomet, or for questions or further information about this Notice, contact:

Zimmer Biomet Privacy Officer
ZBBHPrivacyOffice@ZimmerBiomet.com
399 Jefferson Road
Parsippany, NJ 07054
1-800-526-2579