

EBI, LLC
Health Insurance Portability and Accountability (HIPAA)
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.

EBI, LLC d/b/a ZimVie (hereinafter “EBI”) is a covered entity under HIPAA and has designated itself a hybrid entity. This Notice describes, in accordance with the HIPAA Privacy Rule, how EBI’s designated health care components may use and disclose your protected health information (hereinafter “PHI”) to carry out treatment, payment and health care operations and for other specific purposes that are permitted or required by law. This Notice also described your rights and our duties with respect to PHI about you.

We are committed to protecting your health information. We are required by law to maintain the privacy of your PHI, and to abide the terms of this Notice as currently in effect, and as it may be updated from time to time. We are also required by law to notify you in the event of a breach of unsecured PHI about you.

Your Rights:

You have the following rights regarding PHI about you. To exercise any of these rights, please submit a written request to the Privacy Officer, at the address listed below under “Contacting Us.” We will respond to your written request in a timely manner.

- **Right of Access.** You have the right to inspect and obtain a copy of your PHI for as long as we maintain the PHI. In certain limited circumstances, we may deny your request. 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 PHI electronically, you have the right to request that we send a copy of your PHI information in an electronic format. You also have the right to direct us to provide the copy of your PHI to another person that you designate in writing. In some instances, subject to your agreement, we may provide a summary or explanation of the PHI you request. We may charge a reasonable, cost-based in connection with your request, which may include the cost of labor for preparing copies of your PHI or an explanation or summary of your PHI, supplies and postage.
- **Right to Amend.** You have the right to request that we amend PHI or a record about you that you believe is incorrect or incomplete for as long we maintain the PHI. We may deny your request for amendment in certain circumstances, including but not limited to, some instances in which the PHI was not created by us or if we determine that the record is accurate and complete. If we deny your request for amendment, you may submit a written statement of disagreement to the Privacy Officer at the address listed below under “Contact Information.”
- **Right to Accounting.** You have the right to receive an accounting of certain disclosures of your PHI made by us. This right does not apply, among others, to disclosures made for treatment, payment or health care operations, or where you specifically authorized a disclosure. You may request an accounting of disclosures made by us for up to 6 years prior to the date of your request. We will provide the first accounting in any 12 month period without charge, but may charge a reasonable, cost-based fee for each subsequent request for an accounting within the 12-month period. We will notify you in advance of any such fee and provide you with an opportunity to withdraw or modify your request for a subsequent accounting in order to avoid or reduce the fee.

- **Right to Request Restrictions.** You have the right to request restrictions on uses and disclosures of your PHI to carry out treatment, payment, or health care operations, or restrict uses and disclosures to family members, relatives, or other persons identified by you who are involved in your health care or payment for your health care. When requesting a restriction, please describe (a) the information you want to limit, (b) whether you want to limit our use, disclosure or both, and (c) to whom you want the restrictions to apply (e.g., disclosures to your spouse). If you request the restriction of a disclosure of PHI that is (i) made for the purpose of carrying out payment or health care operations, (ii) not otherwise required by law, and (iii) relates to a health care item or service for which you or someone on your behalf (other than a health plan) has paid out of pocket in full, then we will honor your affirmative request not to disclose that information to a health plan. We are not required to agree to most other requested restrictions.
- **Right to Receive Confidential Communications.** You have the right to request that you receive your PHI by alternative means or at an alternative location. For example, you may 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 have the right to receive a paper copy of this Notice. Even if you agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy, please submit a written request to the Privacy Officer at the address listed below under “Contact Information.” This Notice is also posted to our website at <https://www.zimvie.com/en/privacy-notice.html>

Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations Purposes

We are permitted to make certain types of uses and disclosures of your PHI, without your authorization, for treatment, payment, and health care operations purposes.

- **For Treatment.** We may use and disclose PHI about you to provide you with medical treatment or services. For example, we may disclose PHI about you to other providers or hospitals who are involved in your care to help provide treatment.
- **For Payment.** We may use and disclose PHI about you so that the products and/or 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 and/or services we provided to you so that your health plan will pay us or reimburse you. We also may advise your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your health plan will cover the treatment.
- **Health Care Operations.** We may use and disclose PHI about you to carry out 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 PHI to review our treatment and services and to evaluate staff and product performance, and for product validation and improvements. We may combine PHI about many patients to validate product performance, evaluate product improvements and additional services we should offer, what services are not needed and whether certain new treatments are effective.

Other Uses and Disclosures that are Permitted or Required by the HIPAA Privacy Rule

We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, PHI that is directly relevant to the person’s involvement with your care or payment related to your care. You have the right to agree or object to such disclosure. In addition, we may use or disclose the PHI to notify a member of your family, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. However, if you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person’s involvement with your health care.

We may enter into contracts with some entities known as Business Associates that perform functions on our behalf or provide us with services. We may disclose PHI to our Business Associates so that they can perform their functions or services and we require them by contract to appropriately safeguard the PHI.

In addition, we may use or disclosure your PHI without your authorization as required or permitted by federal or state law, including uses and disclosures that are:

- required by law, provided the use or disclosure complies with and is limited to the relevant requirements of such law;
- for public health activities such as disease prevention or control or to report problems with products;
- to an appropriate government authority regarding victims of abuse, neglect or domestic violence;
- to a health oversight agency for oversight activities authorized by law including for example, audits, investigations, inspections and licensure necessary for oversight of government programs utilizing health information;
- in connection with judicial and administrative proceedings, provided efforts have been made to notify you of the request or to obtain an order protecting the information requested;
- to a law enforcement official for law enforcement purposes, provided certain conditions are met;
- to a coroner, medical examiner or funeral director for specific purposes;
- to cadaveric organ, eye or tissue donation programs to facilitate donations;
- for research purposes, as long as certain privacy-related standards are satisfied;
- to avert a serious threat to health or safety;
- for specialized government functions (for example, military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations); and
- for workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

Authorized Uses and Disclosures of PHI

Certain uses and disclosures of PHI require your authorization, such as most uses or disclosures of psychotherapy notes, the use or disclosure of PHI for marketing purposes, and the sale of PHI. Other uses and disclosures not described in this Notice will be made only with your written authorization, and you may revoke your authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing the PHI about you as described in the authorization, except to the extent that we have already taken action in reliance on the authorization.

More Stringent State Laws

We also may be subject to state health information privacy laws that are more stringent than the federal requirements. If your state has a more stringent law, we are required to follow that law.

Updates to this Notice

We reserve the right to change the terms of this Notice and to make the revised notice effective for PHI we already have about you as well as any PHI we receive about you in the future. If we make changes to this Notice, we will post a revised Notice our website at <https://www.zimvie.com/en/privacy-notice.html> and make paper copies available upon written request.

Contacting Us

To exercise any of your rights described in this Notice, to file a complaint with us, or for questions or further information about this Notice, you may contact us at:

EBI, LLC
EBI Privacy Officer
1 Gatehall Drive, Suite 303
Parsippany, New Jersey 07054
Attn: Privacy Office

With a copy to:

ZimVie
10225 Westmoor Drive
Westminster, Colorado 80021
Attn: ZimVie Privacy Officer
EBIPrivacyOffice@Zimvie.com
1.800.526.2579

Complaints

If you believe your privacy rights have been violated, you may complain to us in writing or to the United States Department of Health and Human Services' Office for Civil Rights at the appropriate regional address or at their website at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>. You will not be retaliated against for filing a complaint.



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