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*Specialists in  
Extremity  
Circulation*

**Luna Medical, Inc.**  
**Notice of Privacy Practices**  
Effective May 26, 2010

**Purpose of Notice:** This notice describes how we may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your legal rights to access and control your medical information.

**Who Will Follow this Notice?** This notice describes the privacy practices of Luna Medical, Inc., its' independent contractors, and other programs, as well as its affiliated health care professionals. We will share information with each other as necessary to carry out our respective treatment obligations, payment activities and health care operations.

Luna Medical, Inc. is a healthcare provider and must comply with HIPAA regulations. Although we do not hold medical records for patients we are required to obtain Private Health Information (PHI) about you as a patient in order to run business operations.

**WE ARE REQUIRED BY LAW TO:**

- Maintain the privacy of your private health information (PHI)
- Provide you with a copy of our Notice of Privacy Practices
- Abide by the terms of our Notice of Privacy Practices

**Your private health information may be used for the following operations:**

1. A request for a Certificate of Medical necessity will be sent to the referring physician as listed by you as the patient or the PT/OT/Nurse/Physician who referred to Luna Medical for services.
2. Private Health Information (PHI) may be used to obtain Durable Medical Equipment (DME) and/or Orthotics and Prosthetics (O&P) benefits from your insurance company and may be used in the process of obtaining authorization and/or payment from an insurance company.
3. PHI may be released to the manufacturer of the medical products. This information is limited to PHI needed in order to ship medical products. In some cases a manufacturer may require photos or additional history about a medical condition in order to manufacturer a product. However,

this is done on a case by case basis which requires an authorization by the patient to release photos or additional clinical history.

4. PHI may be disclosed to an independent contractor of Luna Medical in the event that measurements need to be taken by this individual.
5. PHI may be used for research and statistical information.

### Your Private Health Information Rights

#### YOU HAVE THE RIGHT TO:

- ❖ Obtain a paper copy of the Notice of Privacy Practices upon request
- ❖ Request a restriction on certain uses and disclosures of your information as provided by law. However, Luna Medical, Inc is not required to agree to a requested restriction
- ❖ Inspect and obtain a copy of your business record as provided by law (charges may apply)
- ❖ Request that all communication regarding your private health information be confidential. However, Luna Medical is not required to agree to an unacceptable request
- ❖ Received an account of entities which your PHI was released to by Luna Medical, Inc.

I have been informed of how Luna Medical, Inc. intends to use my private health information. By signing below I acknowledge that Luna Medical, Inc. provided me with a Notice of Privacy Practices. I understand how my PHI will be used in order to obtain medical products through Luna Medical, Inc.

Patient's Name: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this authorization form is signed by a personal representative for the individual patient:

Personal Representative's Name: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Individual Patient: \_\_\_\_\_

#### YOU HAVE A RIGHT TO HAVE A COPY OF THIS FORM AFTER YOU SIGN IT

**Complaints** If you believe your privacy rights have been violated, you may file a written complaint with our Compliance Officer or the Secretary of the Department of Health and Human Services. You may submit your written complaints to Luna Medical, Inc. at 1360 N. Sandburg Terrace, Suite #103, Chicago, IL 60610, or you may call us at the phone numbers listed at the top of this notice. We will not retaliate against you for filing a complaint.