

# NOTICE OF PRIVACY PRACTICES

Original Effective Date: April 1, 2003  
Effective Date of Last Revision: August 2024

**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.**

## OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Advanced Respiratory, Inc., a Baxter International Inc. company, (the “Company” or “we,” “our,” “us”) is committed to protecting the confidentiality of patients’ health information. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your health information and an explanation of your rights concerning your health information. This Notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”).

This Notice sets forth different reasons for which we may use and disclose your health information. We will limit our uses and disclosures to the minimum amount of health information necessary to achieve the intended purpose of the use or disclosure to the extent required by law. Your other health care providers may have different policies or notices regarding their use and disclosure of your medical information.

If you have any questions about this Notice or wish to make a request in accordance with your rights described below, please contact [privacy@baxter.com](mailto:privacy@baxter.com).

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different circumstances in which we use and disclose your health information. 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.

- **Treatment.** We may use your health information to provide you with medical treatment or services. We may disclose your health information to doctors, nurses, home health agencies, hospital discharge planners, case managers and other medical and medical equipment providers who are involved in taking care of you. For example, a home health agency or hospital discharge planner responsible for your care may share health information with us if the agency or planner believes that you have or are at risk for pressure ulcers (bed sores). Or, your physician or another medical service provider may share health information with us if the physician or provider believes you may benefit from use of one of our products.

We in turn may share that information with case managers, physicians and other medical equipment providers so that the product most appropriate for your condition may be provided. We also may share information with physicians and other medical providers who are responsible for oversight of your treatment. Different departments within the Company also may share your health information in order to coordinate the products and services you may need.

## NOTICE OF PRIVACY PRACTICES

- Payment. We may use and disclose your health information so that the treatment and services you receive from the Company may be billed to and payment may be collected from you, a hospital, a nursing home, Medicaid, Medicare, an insurance company or another third party. For example, we may need to give Medicare, Medicaid or an insurance company information about your medical condition so it will pay us or reimburse you for your care. We also may use and disclose your health information to determine your eligibility and/or obtain prior approval or to determine whether Medicare, Medicaid or your insurance company will cover the service or product.
- Health Care Operations. We may use and disclose your health information for our operations. These uses and disclosures are necessary to run our business and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our employees in providing services to you. We also may combine the health information of many Company patients to decide what additional services or products we should offer, what services or products are not needed, and whether certain new services or products are effective. We also may disclose information to doctors, nurses, technicians, medical students, and other health care providers 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 without learning who you are.
- Treatment Alternatives. We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Health-Related Benefits and Services. We may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you.
- Individuals Involved in Your Care or Payment for Your Care and Notification Purposes. We may disclose your health information to a family member, other relative or close personal friend or any other person identified by you who is involved in your medical care or payment for your medical care, unless you object to such disclosure. If we make such disclosure, we will only provide the health information that is directly related to such person's involvement with your health care or payment for your health care. We also may make such a disclosure after your death, unless such disclosure is contrary to your expressed preference. We may use or disclose your health information in order to notify or assist in notifying a family member, personal representative, close personal friend, or other person responsible for your care of your location, general condition or death. In addition, we may disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- Research. Under certain circumstances, we may use and disclose your health information for research purposes. For example, we may use and disclose your health information for research when approved through a specialized process to ensure the privacy of your health information. We may also share your health information in preparation to conduct a research project and to contact you about the possibility of enrolling in a research study. If you do not want to be contacted for research purposes, please email [privacy@baxter.com](mailto:privacy@baxter.com). We will use reasonable efforts to prevent this research contact.
- As Required By Law. We may disclose your health information when required or permitted to do so by federal, state or local law, to the extent that such disclosure is limited to the relevant requirements of such law.

## NOTICE OF PRIVACY PRACTICES

- To Avert a Serious Threat to Health or Safety. We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### SPECIAL SITUATIONS

- Military and Veterans. If you are a member of the armed forces, we may release your health information as required by military command authorities. We also may release health information about foreign military personnel to the appropriate foreign military authority.
- Workers' Compensation. We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Public Health Risks. We may disclose your health information for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree or when required or authorized by law.
- Health Oversight Activities. We may disclose health 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 your health information in response to a court or administrative order. We also may disclose your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.
- Law Enforcement. We may release health information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the Company;
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

## NOTICE OF PRIVACY PRACTICES

- Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release health information of patients to funeral directors as necessary to carry out their duties.
- National Security and Intelligence Activities. We may release your health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- Protective Service for the President and Others. We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release would be 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.
- Business Associates. We may also disclose your health information to our third-party business associates. For example, a business associate would include an accounting firm or billing company that perform activities or services on our behalf. Each business associate must agree in writing to protect the confidentiality of your information.
- Fundraising. In order to raise money for our programs and services, we may use some information about you, including your name, address, phone number, date of birth, gender, dates of care, outcome information, and health insurance status. You have a right to opt out of receiving such communications. Your decision to opt out of such communications will not affect the care that we provide to you. To opt out of communications, please contact [privacy@baxter.com](mailto:privacy@baxter.com).

### OTHER USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

Uses and disclosures of your health information other than as described above will be made by us only with your written authorization. Your written authorization may be revoked at any time so long as you revoke your authorization in writing. We will honor your revocation unless we have already taken action on something that you gave us permission to do. The types of uses and disclosures that require an authorization include:

- Psychotherapy Notes. We must obtain an authorization from you to use or disclose psychotherapy notes unless the disclosure is made (1) for certain enumerated treatment, payment or health care operations purposes; (2) as required by law; (3) for health oversight activities (with respect to the originator of the psychotherapy notes); (4) to a coroner or medical examiner for purposes of determining a cause of death; or (5) to prevent a serious threat to health or safety.
- Marketing. We must obtain an authorization for any use or disclosure of your health information to communicate with you to sell other products or services. This does not include reminder communications about prescriptions, information regarding your course of treatment, case

## NOTICE OF PRIVACY PRACTICES

management or care coordination, communications to describe a health-related product or service that we provide, or contacting you in connection with treatment alternatives.

- Sale of Health Information. We must obtain an authorization for any disclosure of your health information which is a sale of health information and such authorization must state that the disclosure will result in our receipt of financial remuneration.

### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- Right to Inspect and Copy. You have the right to inspect and receive a copy your health information kept in a designated record set that may be used to make decisions about your care. Usually, this includes medical and billing records.

If the Company uses or maintains an electronic health record with respect to your health information, you have a right to obtain a copy of such information in an electronic format. You may direct us to transmit that copy directly to another entity or person.

To inspect and copy your health information in a designated record set, you must submit your request in writing to [privacy@baxter.com](mailto:privacy@baxter.com). If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances and will advise you in writing of the reason for such denial. If you are denied access to your health information in a designated record set, you may request that the denial be reviewed.

- Right to Amend. If you feel that your health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, your request must be made in writing and submitted to [privacy@baxter.com](mailto:privacy@baxter.com). In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend health information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for us;
- Is not part of the health information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we refuse to allow an amendment, however, you are permitted to include a patient statement about the information at issue in your medical record.

## NOTICE OF PRIVACY PRACTICES

- Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your health information for certain purposes. We will include all the disclosures except for those that were made for purposes of treatment, payment, and/or healthcare operations and certain other disclosures (such as any you asked us to make)..

To request this list or accounting of disclosures, please submit your request in writing to [privacy@baxter.com](mailto:privacy@baxter.com). Your request must state the period of time for which you are seeking the accounting of disclosures, which may not begin more than six years before the date of your request for disclosures of health information in a non-electronic health record or three years for disclosures of health information in an electronic health record. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

- Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

Although we will consider your request, we are not required to abide by your request except in the following situation: If you have paid an item or service out-of-pocket in full, at your request, we will not disclose information relating solely to that item or service to your health plan for purposes of payment or health care operations, unless we are required by law to make the disclosure.

To request restrictions, you must make your request in writing to [privacy@baxter.com](mailto:privacy@baxter.com). In your request 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, for example, disclosures to your spouse.

- Right to Request Confidential Communications. You have the right to request that we communicate with you about your health 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.

To request confidential communications, you must make your request in writing to [privacy@baxter.com](mailto:privacy@baxter.com). We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests and will always say accommodate requests if you alert us that you would be in danger if we do not honor the request. Your request must specify how or where you wish to be contacted.

- Right to a Paper Copy of This Notice. You have the 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.

To obtain a paper copy of this Notice, contact [privacy@baxter.com](mailto:privacy@baxter.com).

## **NOTICE OF PRIVACY PRACTICES**

### **COMPLAINTS**

If you believe your privacy rights have been violated by us, you may file a complaint with the Company or with the Secretary of the Department of Health and Human Services. To file a complaint with us, direct your correspondence to the Privacy Officer, 1069 State Route 46 East, Batesville, IN 47006.

All complaints must be submitted in writing. General inquires in this regard may be directed to [privacy@baxter.com](mailto:privacy@baxter.com).

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

There will be no retaliation against you for filing a complaint.

### **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 health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice on our Web site. The Notice will contain on the first page, in the top right-hand corner, the effective date.