



3M Health Care, Medical Solutions Division
12930 W Interstate 10
San Antonio, TX 78249-2248
Web 3M.com/KCI

EFFECTIVE JULY 1, 2020

3M Medical Solutions 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.

If you have any questions about this notice, please contact the
3M Health Care Compliance Department at:

Email: HCBGDataCompliance@mmm.com
HIPAA Hotline: 1-800-275-4524 (Ext. 54477)

PURPOSE OF THIS NOTICE

This notice will tell you about the ways in which KCI USA, Inc., doing business as 3M Medical Solutions (“3M”), may use and disclose the protected health information (“PHI”) that identifies you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We understand that information about you and your health is personal. We are committed to protecting your PHI. This notice applies to the PHI we use and disclose related to the products and services used in your care. Your personal doctor, healthcare provider and other entities providing products or services to you may have different policies or notices regarding their use and disclosure of your PHI.

OUR LEGAL REQUIREMENTS

We are required by law to:

- make sure that PHI is kept private;
- give you this notice of our legal duties and privacy practices with respect to PHI about you;
- notify you if we are unable to agree to a requested restriction on how your PHI is used or disclosed;
- accommodate reasonable requests that you may make to communicate PHI by alternative means or at alternative locations;
- notify you in the event of a breach of unsecured PHI about you;



- obtain your written authorization to use or disclose your PHI for purposes other than those listed below and permitted under law; and
- follow the terms of the notice that currently is in effect.

WHO WILL FOLLOW OUR PRIVACY PRACTICES

This notice describes 3M Medical Solutions privacy practices and that of:

- 3M Medical Solutions employees, staff and other company personnel for U.S. operations or any 3M affiliate or subsidiary in which work performed on behalf of U.S. operations is subject to the Health Insurance Portability and Accountability Act of 1996.
- KCI Medical Puerto Rico, Inc.

These entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share PHI with each other for treatment, payment or health care operations purposes described in this notice.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding PHI we maintain about you:

- Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy PHI that may be used to make decisions about you, you must submit a request in writing to the 3M Medical Solutions using the contact information described in this notice. You have the right to request a readily producible form in which your PHI may be delivered. 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 circumstances. If you are denied access to PHI, you may have the right to have the denial reviewed.
- Right to Amend.** If you feel that PHI we have about you 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, a request must be made in writing to using the contact described information in this notice. In addition, you must provide a reason that supports your request. We may deny your request in certain circumstances, including if you ask us to amend information that:
 - Was not created by us, with limited exceptions;
 - Is not part of the PHI maintained by us to make decisions about you or your care; or
 - We determine is accurate and complete.
- Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" made by us in the six years prior to your request. This accounting is a list of certain disclosures we made of PHI about you. 3M Medical Solutions will not provide an accounting of the following disclosures:
 - Those made for treatment, payment and health care operations;
 - Those made to you about your own PHI;
 - Those made pursuant to an authorization signed by you disclosing specific uses and disclosures;
 - Where the disclosures are incidental to an otherwise permissible disclosure; or
 - Certain other disclosures for which federal law does not require us to provide an accounting.

To request this list or accounting of disclosures, you must submit a request in writing to using the contact information described in this notice. Your request should indicate in what form you want the



list (i.e., paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the reasonable costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not always required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make a request in writing using the contact information described in this notice. In your request, you must tell us (i) what information you want to limit; (ii) whether you want to limit our use, disclosure or both; and (iii) to whom you want the limits to apply, for example, disclosures to your spouse.
- Right to Notice of Breach of Unsecured PHI.** You have the right to receive notice in the event that unsecured PHI identifying you has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner.
- Right to Request Confidential Communications.** You have the right to request that we communicate 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. To request confidential communications, you must make your request in writing using the contact information provided in this notice. We will not ask you the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.
- Right to Revoke Authorization.** You have the right, in those instances where written authorization is required, to revoke such authorization to use or disclose PHI except to the extent action has already been taken. Such revocation must be in writing.
- 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 an additional copy of this notice at our website, [My V.A.C.® Therapy](#) under the menu heading “Patients.” To obtain a paper copy of this notice, you must contact 3M Medical Solutions Health Care Compliance Department at 1-800-275-4524 (Ext. 54477) or via email at HCBGDataCompliance@mmm.com.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we are permitted to use and disclose PHI as a health care provider. Certain of these categories may not apply to our business and we may not actually use or disclose your PHI for such purposes. 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 or disclose PHI about you to assist healthcare professionals and providers who provide you with medical treatment or services. For example, we may provide PHI related to your use of our products or services to your home health agency or clinic for purposes of documenting your



wound progress or we may provide PHI to a discharge planner in the hospital you were treated at to help them arrange for continued care in your home or another facility to which you are being discharged.

- For Payment.** We may use and disclose PHI about you so that the products 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 receive from or disclose PHI to your health plan so they or another responsible payor can pay us or so they can seek payment or reimbursement for the products and services provided to you. We may also tell your health care provider or plan about a product or service you are going to receive to obtain prior approval or to determine whether your provider or plan will cover that product or service.
- For Health Care Operations.** We may use and disclose PHI about you for our health care operations and we may use and disclose PHI about you to other health care providers involved in your care for certain health care operations they have to undertake. These uses and disclosures are necessary to run our company and make sure that users of our products receive the most cost effective and therapeutic products possible. Examples of health care operations activities by 3M Medical Solutions include but are not limited to delivery, pick-up and service functions, collection efforts, internal auditing, business planning, and quality assurance/improvement activities.
- Product Alternatives.** We may use and disclose PHI to tell you or your health care provider about possible product alternatives that may be of interest to you, subject to limits imposed by applicable law.
- Individuals Involved in Your Care or Payment for Your Care.** We may disclose to a family member, other relative, close personal friend of yours or any other person identified by you, if 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 to the disclosure we may, in the exercise of professional judgment, determine whether the disclosure is in your best interests, and, if so, disclose only PHI that is directly relevant to the person's involvement with your health care.
- Research.** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one product or service to those who received another, for the same condition. Most research projects are subject to a special approval process or must meet certain requirements specified under applicable law.
- As Required By Law.** We will disclose PHI about you when required to do so by federal, state or local law. For example, we may disclose information in certain circumstances for judicial and administrative proceedings pursuant to legal authority.
- Government Functions.** We may use and disclose PHI about you as required for specialized government functions such as protection of public officials, reporting to various branches of the armed services or national security activities authorized by law.
- To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI 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.
- Workers' Compensation.** We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.



- Public Health Activities.** We may use or disclose your PHI for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability. This may also include reporting required by the Food and Drug Administration or other agencies whose jurisdiction we and our products are subject to.
- Health Oversight Activities.** We may disclose PHI 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 PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute in certain circumstances.
- Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- Organ/ Tissue Donation.** We may use or disclose your PHI for cadaveric organ, eye or tissue donation purposes.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of PHI not covered by this notice or otherwise permitted by the laws that apply to us will be made only with your written authorization. Your authorization will not be required if 3M Medical Solutions removes information that individually identifies you, in accordance with applicable law, before disclosing the remaining information. Certain uses and disclosures of PHI, including those uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your authorization. If you provide us authorization to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI 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 products and services that we provided to you.

CHANGES TO THIS NOTICE

We reserve the right to change our information practices and to make the new provisions effective for the PHI we maintain. We also reserve the right to change this notice at anytime. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our website at [My V.A.C.® Therapy](#) under the menu heading “Patients.” The notice will contain on the first page, in the top right-hand corner, the effective date.

EXERCISING YOUR RIGHTS

At the following address, mail to us to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record,



at the following address: 3M Medical Solutions, Health Care Compliance Department, 6103 Farinon Drive, Bldg V, San Antonio, TX 78249.

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, you must submit it in writing to the following individual: Privacy Officer, 3M Medical Solutions Health Care Compliance Department, 6103 Farinon Drive, Bldg. V, San Antonio, TX 78249. **You will not be penalized for filing a complaint.**

CONTACT

For more information regarding this Notice of Privacy Practices and your rights hereunder, contact: Privacy Officer, 3M Medical Solutions Health Care Compliance Department, 6103 Farinon Drive, Bldg. V, San Antonio, Texas, 78249, by email at: **Email:** HCBGDataCompliance@mmm.com or by phone at 1-800-275-4524 (Ext. 54477).