

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law; to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties; or for cadaver organ, eye or tissue donation purposes.

Other Uses: We may disclose your protected health information for other reasons including; research where established protocols protect your privacy; to Law Enforcement agencies where there is a imminent threat to the health or safety of a person or the public; to the Military for command, benefit, or national security activities; in compliance with Workers Compensation laws; and other uses allowed or required by law.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set by Lifeline for as long as we maintain it in a "designated record set" used for health care, billing, or making decisions about the provision of your PERS services. You may request an inspection by submitting a written request to the Lifeline Privacy Official.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice.

Lifeline is not required to agree to a restriction that you may request. If Lifeline believes it is in your best interest to permit use and disclosure of your protected health information, or that it is not reasonably feasible to comply with your request, your protected health information will not be restricted. If Lifeline does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment as part of provision of your PERS services. You may request a restriction by submitting a written request to the Lifeline Privacy Official.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests that are feasible to implement. We may also condition this accommodation by asking you for information as to how

payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. You make this request in writing to the Lifeline Privacy Official.

You may have the right to have Lifeline amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. You may request an amendment by submitting a written request to the Lifeline Privacy Official.

You have the right to receive an accounting of certain disclosures we have made, if any, of your personal and protected health information. This right applies to disclosures for purposes other than provision of PERS services, treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. To request an accounting of disclosures, you may contact the Lifeline Privacy Official.

You have the right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this Notice electronically.

3. Questions and Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Official of your complaint. We will not retaliate against you for filing a complaint.

If you have any questions about this Notice or wish to exercise any of the rights described in this Notice, you may contact our Privacy Official via e-mail at HIPAAPrivacyOfficial@lifelinesys.com, by phone at 1-800-451-0525 ext. 2301, or by writing to Privacy Official, Lifeline Systems, Inc., 111 Lawrence Street, Framingham, MA 01702.

We are required by law to abide by the terms of this Notice. We may change the terms of this Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time. You may obtain a current copy of this Notice by accessing our website at www.lifelinesys.com or by calling 1-800-451-0525 ext. 2301.

The effective date of this Notice is April 14, 2003.



LIFELINE SYSTEMS, INC.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes how Lifeline's Government Services Division (including Lifeline's administrative, accounting, legal, and marketing functions that support the Government Services Division) ("we") may use and disclose information about you that may identify you and that relates to your past, present, or future physical or mental health condition and related healthcare services ("protected health information") that we maintain in order to provide Personal Emergency Response Services. Other divisions of Lifeline may provide services to healthcare institutions with different policies and procedures for handling protected health information.

1. Uses and Disclosures of Personal Information and Personal and Protected Health Information

In accordance with the terms and conditions for Lifeline Personal Emergency Response Services (PERS), we use and disclose protected health information in connection with providing services to you. Following are examples of the types of uses and disclosures of your protected healthcare information that we and our designated sub-contractors are permitted to make.

Treatment: We use and disclose protected health information to provide, coordinate, and manage Personal Emergency Response Services (PERS services) and to coordinate and manage your health care with third party healthcare providers. For example, we disclose protected health information to our home service representatives who install, maintain, and support the Lifeline equipment in your home; to individuals you have designated as responders or family members who may be called in the event that you call for help; to police and law enforcement agencies, emergency services, private and public ambulance services and other local resources that provide assistance, support or care if you call for help; to hospital employees, home healthcare agencies, or other healthcare organizations that intend to provide care or services to you; to physicians who may be treating you or to whom you have been referred; to other physicians or healthcare providers (e.g., a specialist or laboratory) who, at the request of your physician, become involved in your care by providing assistance with your healthcare diagnosis or treatment to your physician; and to other entities who need this information to ensure the provision

of your PERS services, while agreeing in writing to protect the confidentiality of any protected health information that they may receive from us.

Payment: Your protected health information will be used as needed to obtain payment for your PERS or other related healthcare services. This may include certain activities that your health insurance plan or a government funding agency may undertake before it approves or pays for your PERS services such as making a determination of eligibility or coverage for benefits, reviewing services provided to you for medical necessity, undertaking utilization review activities, or obtaining approval for the provision of services before billing a government healthcare program or insurer for your PERS services.

Healthcare Operations: Your protected health information may be used or disclosed as needed in order to support the business activities of Lifeline or the hospital or healthcare providers who referred you to Lifeline. These activities may include, but are not limited to, installation and service, training of personnel, quality assessment activities, employee review activities, government or other regulatory audits, and conducting or arranging for other business activities related to the delivery of your PERS services.

For example, we may disclose your protected health information to individuals within Lifeline or at your referring hospital or healthcare facility during the course of providing installation, service, or maintenance of equipment; or to Lifeline employees or your referring healthcare facility while reporting service activity, utilization, maintenance activities, or other activities required for the provision of your PERS services.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing or communications activities from Lifeline or your referring healthcare organization. For example, your name and address may be used to send you a newsletter about Lifeline and the services we offer. We may also send you information about Lifeline products or services that we believe may be beneficial to you.

Uses and Disclosures of Personal and Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your personal and protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that Lifeline has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made Unless You Object

You have the opportunity to agree or object to the use or disclosure of all or part of your personal and protected health information as outlined below. If you are not present or able to agree or object to the use or disclosure of the personal and protected health information, then Lifeline may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare: We may disclose protected health information to a member of your family, a relative, a close friend or any other person you identify, to the extent that the information directly relates to that person's involvement in your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose personal and protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.

Emergencies: We may use or disclose your protected health information in emergency situations. During the provision of support during emergency situations where our staff is attempting to ensure a fast response to a medical or non-medical emergency, we may release protected health information that in our judgment is deemed appropriate. This information may be provided to any individual who is able to provide appropriate support at the time of the incident.

Communication Barriers: We may use and disclose your protected health information to a third party individual who can assist with overcoming substantial communication barriers and the Lifeline staff member determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to the federal Department of Health and Human Services or another health oversight agency for activities authorized by law, such as audits, investigations, and inspections or to investigate or determine our compliance with federal privacy regulations. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, and (4) suspicion that death has occurred as a result of criminal conduct.