



Zynex Medical Inc. HIPAA Notice

The Health Insurance Portability, and Accountability Act of 1996 (HIPAA) requires that Zynex Medical provide all patients with a Notice of Privacy Practices. If you have any questions about this notice, contact our HIPAA Compliance Representatives at (800) 495-6670. Please address all written correspondence to Zynex Medical, ATTN: HIPAA Compliance Representative, 9990 Park Meadows Drive, Lone Tree, CO 80124.

Purpose of this notice

This notice describes the ways in which Zynex Medical may use and disclose medical information about you. This notice also describes your rights, and certain obligations we have regarding the use, and disclosure of your medical information. In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you.

Our Legal Requirements

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Obtain acknowledgment of receipt of this notice from you;
- Follow the terms of the notice that is currently in effect;
- Change the notice only in accordance with federal rules, and;
- Provide our internal complaint process for privacy issues to you.

Who will follow our Privacy practice

This notice describes Zynex Medical's practices and that of:

All Zynex Medical employees, staff, and other Zynex Medical personnel.

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

Our pledge regarding medical information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services we provide to you. We need this record to provide you with quality care and to comply with certain legal requirements. This notice also applies to all of the records of your care that we generate. This notice also applies to other health information about you, such as information collected with your authorization during research studies that do not involve treatment. Your personal doctor and other entities providing products or services to you, may have different policies or notices regarding their use and disclosure of your medical information.

Your rights regarding medical information about you

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

Right to Inspect and Copy

You have the right to inspect and copy medical information about you or your care. Usually this includes medical and billing records.

To inspect, and copy medical information about you or your care, you must submit your request in writing for to Zynex Medical. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

Right to amend

If you feel that medical information 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, your request must be made in writing and submitted to Zynex Medical. 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. We may also deny your request if you ask us to amend 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 medical information kept by or for us;
- Is not part of the information you should be permitted to inspect and copy and is accurate and complete.

Right to an Accounting of Disclosure

You have the right to request an "accounting of disclosures." This accounting is a list of the disclosures we made of medical information about you. This list will not include disclosures made for treatment, payment, or Zynex Medical's health care operations, disclosures that you have previously authorized us to make, or disclosures specifically exempted from the disclosure accounting requirements by the federal governing such disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Zynex Medical. Your request must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003. 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 the 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.



Zynex Medical Inc. HIPAA Notice (continued)

Right to request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for your treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. We are not required to agree to the request. If we do agree, we will comply with your request, unless the information is needed to provide you with emergency treatment.

To request your restrictions, you must make your request in written form to Zynex Medical. In your request, you must tell us (1) what information you want to limit (2) whether you want to limit use, disclosure, or both, and (3) to whom you want the limit to apply, for example, disclosure to your spouse.

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. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. Unless you request confidential communications, we may contact you by mail or by telephone. We may leave messages regarding your care on voicemail or with a family member or with other individuals who may answer the phone.

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 receive a paper copy of this notice.

You may obtain a paper copy of this notice at our website: www.zynexmed.com

To be mailed a paper copy of this notice, send your request in writing to Zynex Medical.

How we may use & disclose medical information about you

The following categories describe different ways that we are permitted to use and disclose medical information as a health care provider, although certain of these categories may not apply to our business, and we may not actually use or disclose your medical information for such a purpose. 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. However, all of the ways we are permitted or required to use and disclose information will fall within one of the categories.

For Treatment We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, or clinicians who are involved in taking care of you. For example, we may contact your physician to determine how long you will be using our product. We may also disclose medical information about you to people who may be involved in your medical care after you have received our products, and services, such as family members, clergy, or others who are part of your care.

For Payment We may use and disclose medical information about you so that the treatment and services we provide you may be billed to and 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 services we provide to you so your health plan will pay us or reimburse you for the products, and services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For health care operations We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to run our company and ensure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer and what services are not needed, and whether certain new treatments are effective. We may also disclose information to medical professionals and Zynex Medical employees 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 healthcare and health care delivery, without learning who the specific patients are.

Appointment Reminders We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services.

Treatment Alternatives We may use or disclose medical information to tell you about or recommend possible treatment options or services that may be of interest to you.

Health-Related Benefits and Services We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Directory We may include certain limited information about you in a directory while you are receiving products or services from us. This information may include your name, location, your general condition, and your religious affiliation. The directory information, except for your religious affiliation, may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you, and generally know how you are doing.

Individuals involved in your care or payment of your care We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your location and condition, and that you are receiving products and services from us. In addition, we may disclose medical information about you to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.



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Research Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one product or service to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our premises. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are or will be involved in your care.

As required by law We will disclose medical information about you when required to do so by federal, state, or local law.

To avert a serious threat to health or safety We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

Special Situations

Military and veterans If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to appropriate foreign military authority.

Workers' compensation We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public health activities We may disclose medical information about you for public health activities. These activities generally include the following:

To prevent or control disease, injury, or disability.

To report births or deaths.

To report child abuse or neglect.

To report reactions to medications or problems with products.

To notify people of product recalls.

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 authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree on or when required, or authorized by law.

Health oversight activities We may disclose medical 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 dispute, we may disclose medical information about you in a response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement We may release medical information if asked to do so by law enforcement officials;

1) In response to a court order, subpoena, warrant, summons, or similar process.

2) To identify or locate a suspect, fugitive, material witness, or missing person or about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.

3) About a death if we believe a death may be the result of criminal conduct.

4) Criminal conduct occurring on our premises.

5) 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 that crime.

Coroners, medical examiners, and funeral directors We may release medical 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 may also release medical information about our patients to funeral directors as necessary to carry out their duties.

National security and intelligence activities We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective services for the President and others We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to 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 medical information about you to the correctional institution to provide you with health care; (1) to protect your health and safety or the health and safety of others; or (2) for the safety and security of the correctional institution.



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Organ and Tissue Donation If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Sale of business assets We reserve the right to transfer medical information about you to a third party in conjunction with the sale of our company or certain assets belonging to our company.

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 medical information 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: www.zynexmed.com. The notice's effective date is located in the top right corner of the first page.

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, contact our HIPAA Compliance Representative, 9990 Park Meadows Drive, Lone Tree, CO 80124. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other uses of medical information

Other uses and disclosures of medical information not covered by this notice or by the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Please understand that we are unable to rescind any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.