



3M Health Care, Medical Solutions Division  
12930 W Interstate 10  
San Antonio, TX 78249-2248  
Web [3M.com/KCI](http://3M.com/KCI)

EFFECTIVE August 1, 2023

## 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.**

#### **PURPOSE OF THIS NOTICE**

This notice will tell you about the ways in which KCI USA, Inc. and KCI Medical Puerto Rico, Inc., doing business as 3M Medical Solutions (“3M,” “we,” “us,” or “our”), 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 is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applies to the PHI we use and disclose related to the products and services used in your care.

#### GENERAL SUMMARY

**Your Rights:** As described in further detail below, you have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Get a list of those with whom we’ve shared your information
- Ask us to limit the information we share
- Request confidential communication
- Get a copy of this privacy notice at [3M.com/KCI](http://3M.com/KCI)

For additional information regarding your rights, see YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU on page 2.

**Uses and Disclosures of PHI:** We may use and disclose your PHI to:

- Treat you
- Run our organization
- Bill for your services
- Make you aware of alternative products and services
- Individuals involved in your care or payment for your care
- Conduct research
- Comply with the law
- Address workers’ compensation, law enforcement, and other government requests
- Help with public health and safety issues



- Health oversight agencies
- To avert a serious threat to health or safety
- Respond to lawsuits and legal actions
- Work with a medical examiner or funeral director
- Respond to organ and tissue donation requests
- Government authorities when we suspect abuse, neglect or domestic violence

We are required to secure your written authorization to sell your PHI, use and disclose your PHI for certain marketing purposes, and for purposes not otherwise described in this notice. For additional information regarding how we use and disclose your PHI, see HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU on page 3. For information on our responsibilities under HIPAA, changes to this notice, how to file a complaint, and how to contact us, see page 5.

### **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 in medical records, billing records and records that are used to make decisions about your care. To inspect and copy PHI that may be used to make decisions about you, you must submit a request in writing by e-mail or regular mail to 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.** You may ask us to amend the PHI we have about you if you think it is incorrect or incomplete. You have the right to request an amendment for as long as the PHI is kept by or for us. To request an amendment, a request must be made in writing by e-mail or regular mail 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 in a medical record or other record 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 a list (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 all disclosures except for those about treatment, payment, or health care operations, and certain other disclosures (such as any you asked us to make)..

To request this list or accounting of disclosures, you must submit a request in writing by e-mail or regular mail 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 except if you pay for a product or service out-of-pocket, you can ask us not to share that information with your health insurance company or health plan. If we do agree, we will comply with your request unless the PHI 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 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 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, [3M.com/KCI](http://3M.com/KCI) under the [HIPAA Privacy link](#). . To obtain a paper copy of this notice, you may contact 3M HCBG Privacy at 1-800-275-4524 (Ext. 54477) or via email at [hcbgprivacy@mmm.com](mailto:hcbgprivacy@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 Treatment**. We may use or disclose your PHI to treat you or 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 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.
- **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**. With your agreement, which may be assumed if you fail to object to a disclosure, we may disclose to a family member, other relative, close personal friend of yours or any other person identified by you. 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. We may also share your PHI in a disaster relief situation.



- **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.
- **As Required By Law**. We will disclose PHI about you when required to do so by federal, state or local law, including to the Secretary of the Department of Health and Human Services related to compliance with HIPAA.
- **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 Law Enforcement**. We may disclose your PHI to law enforcement as required or permitted by law. For example, we may share your PHI in response to a law enforcement official's request for information about a victim or suspected victim of a crime if certain conditions are met.
- **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.
- **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.
- **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.
- **Victims of Abuse, Neglect or Domestic Violence**. In certain circumstances, we may disclose PHI to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

#### **OTHER USES OF PROTECTED HEALTH INFORMATION WITH YOUR AUTHORIZATION**

Certain uses and disclosures of PHI, including those uses and disclosures of PHI for marketing purposes (except for face-to-face communications or providing promotional gifts of nominal value), 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 except to the extent we have relied on your 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.

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.

### **OUR LEGAL REQUIREMENTS**

We are required by law to:

- maintain the privacy of your PHI;
- make available to you this notice of our legal duties and privacy practices with respect to PHI about you;
- notify you in the event of a breach of unsecured PHI about you; and
- follow the terms of the notice that currently is in effect.

### **CHANGES TO THIS NOTICE**

We reserve the right to change our information practices and to make the new or revised provisions effective for the PHI we maintain. We will post a copy of the current notice on our website at [3M.com/KCI](http://3M.com/KCI) under the [HIPAA Privacy link](#). The notice will contain on the first page, in the top right-hand corner, the effective date.

### **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: Privacy Officer, 3M Medical Solutions Health Care Business Group, 12930 IH10 West, , San Antonio, TX 78249-8023. **You will not be penalized for filing a complaint.**

### **CONTACT**

For more information regarding this Notice of Privacy Practices and your rights hereunder, contact:

- By mail:** Privacy Officer, 3M Medical Solutions Health Care Business Group, 12930 IH10 West, San Antonio, Texas, 78249-8023
- By email:** [hcbgprivacy@mmm.com](mailto:hcbgprivacy@mmm.com)
- By phone:** 1-800-2754524 (Ext. 54477).