

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. References in this Notice to "we" and "us" include NeuroMatrix Technologies LLC and its retained physician groups who provide monitoring services.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by us for the purpose of providing health care services to you, obtaining payment and conducting health care operations. Your protected health information may be used and disclosed only for these purposes unless you have provided an authorization to either us or the facility where you have your surgery, or the use or disclosure is otherwise permitted under HIPAA.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose protected health information to other physicians who may be treating you.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for the services we provide. This may include communications with your health insurance plan to obtain prior approval for the services your surgeon has requested us to provide, and to determine eligibility or coverage for insurance benefits. In order to get payment for the services we provide to you, we may also need to disclose your protected health information to your health insurance company to demonstrate the medical necessity of the services or, as otherwise required by your insurance plan.

Health Care Operations: We may use or disclose, as needed, your protected health information as part of our health care operations. These activities include, but are not limited to, quality assessment and performance improvement activities, employee review activities, training programs, licensing or credentialing activities, compliance reviews, hospital peer reviews, legal services, maintaining compliance programs and general management and administrative activities. In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

Other Uses or Disclosures: We may share your protected health information with third party "business associates" that perform various activities (for example, billing or management services) for us. If an arrangement with a business associate involves the use or disclosure of your protected health information, we will have a business associate agreement in place.

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

We may use or disclose your protected health information in the some situations allowed by

HIPAA rules without your authorization or providing you the opportunity to agree or object.

Primarily, we may do this when required by law. For example:

For public health activities

In connection with the activities of a health oversight agency, such as audits, investigations, and inspections

If we believe we are required to report that you have been a victim of abuse, neglect or domestic violence

For reporting on the quality, safety, or effectiveness of FDA-regulated products or activities

For law enforcement purposes or in response to a subpoena

To comply with workers' compensation laws and other similar programs.

In addition, if you are involved in a lawsuit, dispute or a claim, we may disclose protected health information in response to a court or administrative order, subpoena, discovery request, claim investigation or other lawful process.

We may also disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Uses and Disclosures Requiring No Authorization - You Have the Opportunity to Object

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. You may object to these disclosures. If you do not object, we may determine, in the exercise of our professional judgment, that it is in your best interests for us to disclose the information.

Uses and Disclosures That You Authorize

Other than as stated above, we will not disclose your health information except with your written authorization. You may revoke your authorization in writing at any time, except with respect to information already disclosed in reliance upon the authorization.

2. YOUR RIGHTS

You have a right to:

Inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

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 health care 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 of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician 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. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting our Privacy Officer.

Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. 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. Please make this request in writing to our Privacy Officer.

Ask your physician to amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so 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. Please contact our Privacy Officer if you have questions about amending your medical record.

Receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. 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 Officer of your complaint. We will not retaliate against you for filing a complaint.

4. PRIVACY OFFICER

Our contact person for all issues regarding patient privacy and your rights under the HIPAA regulations is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been infringed by us you may submit a complaint to our Privacy Officer by sending it to:

c/o Sentry Neuromonitoring, LLC
9777 West Gulf Bank Road, Suite 5
Houston, Texas 77040
ATTN: Privacy Officer

The effective date of this Notice is April 2, 2010.