

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 addresses the treatment of your “Protected Health Information.” (or “PHI”). PHI includes certain information about a Pops Diabetes Care customer (“you” or “your”) that may identify you, that relates to your past, present, or future physical or mental health or condition, and related health care goods and services we provide, and that is submitted to and/or collected by us and maintained by us in an accessible form where we are billing and obtaining payment for those goods and services from health plans or other entities, including for instance federal health care programs such as Medicare and Medicaid. Examples of PHI include, but are not limited to:

- Information about your experiences with diabetes, including your glucose readings
- Information about POPS! Diabetes Care products or services provided to you
- Demographic information

This Notice of Privacy Practices, revised and currently in effect as of 08-Feb-2021(the “Notice”), describes how we may use or disclose PHI to carry out treatment, payment, and/or health care operations, and for other purposes that are permitted or required by law.

We reserve the right to revise the terms of the Notice at any time. Any revised Notice will be posted on our website at www.popsdiabetes.com. Any PHI maintained by POPS! Diabetes Care will be subject to the terms of the Notice that are currently in effect. Upon your request, we will provide you with a paper copy of the Notice currently in effect. Requests can be made by contacting Pops Diabetes Care in the manners identified below.

In your request, please indicate whether you would like to receive a copy of the Notice (a) by mail or (b) by email. Based on your choice, make sure to include your email address or mailing address.

By Mail: Pops Diabetes Care, 5600 Memorial Ave N Oak Park Heights MN 55082

By Email: supportsquad@popsdiabetes.com

By Phone: USA: 1-800-767-7268 Australia:

USES AND DISCLOSURES OF YOUR PHI

Treatment, Payment, or Health Care Operations.

POPS! Diabetes Care typically uses or shares your PHI in the following ways:

Treatment: We may use and share your PHI with other professionals who are treating you. For example, we may provide your treating physician with various medical records that he or she requested as part of deciding how to treat you.

Payment: We may use and share your PHI to bill and receive payment for services we provide. For example, we may need to give your health plan information about products you received so that your health plan will pay us for the care. We may also tell your health plan about a product you may receive so we can obtain prior approval or determine whether your plan will cover the product provided to you.

Health Operations: We may use and share your PHI to review our services, evaluate the performance of our staff, and contact you when necessary. For example, we may combine medical information about many people to decide what additional services or products we should offer and what services or products we should not.

Other Permitted Uses

Public Health and Safety: We may use or disclose your PHI for public health activities, such as to (i) prevent or control disease, injury, or disability; (ii) notify people of product recalls; (iii) report reactions to medications or problems with products; (iv) notify the appropriate government authority if we believe a patient who is a minor or disabled adult has been a victim of abuse, neglect or exploitation; (v) notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or (vi) report births or deaths.

Research: We may use or disclose your PHI to researchers when their research has been approved by an institutional review board that has established protocols to ensure the privacy of your PHI.

As Required by Law: We will disclose PHI 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 or the health and safety of the public or another person. Any disclosure must be only to someone able to help prevent the threat. In addition, applicable law may not permit these disclosures unless we have your written consent, or when the disclosure is specifically required by law.

Business Associates: We may disclose PHI to business associates who provide services to or on behalf of us. Our business associates have the same obligation to keep PHI confidential as we do. We must require our business associates to ensure that PHI is protected from unauthorized use or disclosure.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official in response to a valid court order, grand jury subpoena, or warrant, or with your written consent. In addition, we are required to report certain types of wounds, such as gunshot wounds and some burns. In most cases, reports will include only the fact of injury, and any additional disclosures would require your consent or a court order.

Organ Tissue and Donation Requests: We may use or disclose your PHI to organ procurement organizations.

Medical Examination/Funerals: We may use or disclose your PHI with a coroner, medical examiner, or funeral director, if you die.

Military and Veterans: If you are a member of the armed forces, we may release PHI as required by military command authorities.

Workers Compensation: We may use or disclose your PHI to the extent authorized by, and to the extent necessary to comply with, laws relating to workers compensation or other similar programs established by law.

Lawsuits and Disputes: We may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a civil subpoena, discovery request, or other lawful process under the law. Parties using these legal procedures to get PHI may have an obligation to tell you about the request or to obtain an order protecting the information requested.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

De-identified Information: We may de-identify your PHI in accordance with the HIPAA standards. PHI that is de-identified in accordance with the HIPAA standards is not considered PHI, and therefore, we may use and disclose your de-identified information for any lawful purpose, including without limitation, for research purposes.

Placing, Paying for, or Refunding an Order: We may use and disclose PHI in order to sell, ship, return, or refund a product you purchase from us.

Once health information about you has been disclosed pursuant to a HIPAA Authorization, HIPAA protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your or our knowledge or authorization.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will release PHI about you to the correctional institution or law enforcement official only as permitted by law or with your written consent.

Your rights regarding PHI we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your PHI that is used to make decisions about your care. Usually, this includes medical and billing records maintained by Pops Diabetes Care.

If you wish to inspect and copy PHI, you must submit your request in writing to Pops Diabetes Care, 5600 Memorial Ave N, Oak Park Heights, Mn 55082. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law. If we maintain your health information electronically as part of a designated record set, you have the right to receive a copy of your health information in electronic format upon your request. You may also direct us to transmit your health information (whether in hard copy or electronic form) directly to an entity or person clearly and specifically designated by you in writing.

We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your physician believes it will be harmful to your health, or could cause a threat to others. In these cases, we may supply the information to a third party who may release the information to you. If you are denied access to PHI, you may request that the denial be reviewed.

- **Right to Request Amendment:** If you believe that PHI we have about you is incorrect or incomplete, you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for **Pops Diabetes Care**.

To request a change to your information, your request must be made in writing and submitted to Pops Diabetes Care, 5600 Memorial Ave N, Oak Park Heights, Mn 55082. In addition, you must provide a reason that supports your request.

Pops Diabetes Care may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by **Pops Diabetes Care**, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for **Pops Diabetes Care**;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of PHI about you. This list will not include disclosures for treatment, payment, and health care operations; disclosures that you have authorized or that have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures.

To request this list of disclosures, you must submit your request in writing to Pops Diabetes Care, 5600 Memorial Ave N, Oak Park Heights, Mn 55082. Your request must state a time period for which you would like the accounting. The accounting period may not go back further than six years from the date of the request. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you. If you pay out-of-pocket in full for an item or service, then you may request that we not disclose information pertaining solely to such item or service to your health plan for purposes of payment or health care operations. We are required to agree with such a request, unless you request a restriction on the information we disclose to a health maintenance organization (“HMO”) and the law prohibits us from accepting payment from you above the cost-sharing amount for the item or service that is the subject of the requested restriction. ***However, we are not required to agree to any other request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or you request that we remove the restriction.

To request restrictions, you must make your request in writing to Pops Diabetes Care, 5600 Memorial Ave N, Oak Park Heights, Mn 55082. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, if you want to prohibit 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 only at work or only by mail.

To request confidential communications, you must make your request in writing to Pops Diabetes Care, 5600 Memorial Ave N, Oak Park Heights, Mn 55082. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and we may require you to provide information about how payment will be handled.

Complaints or Questions

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 Pops Diabetes Care, or to ask a question about this Notice, contact Dan Davis, VP R&D 1-800-767-7268. All complaints must be submitted in writing to Pops Diabetes Care, 5600 Memorial Ave N, Oak Park Heights, Mn 55082. ***You will not be penalized for filing a complaint.***

Other Uses and Disclosures of Protected Health Information

We are required to obtain a written authorization from you for uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information. Except as described in this Notice, Pops Diabetes Care will not use or disclose your protected health information without a specific written authorization from you. If you provide us with this written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you. In addition, we are required to comply with state privacy laws when they are stricter (or more protective of your PHI) than federal law.