



NOTICE OF PRIVACY PRACTICES – EFFECTIVE 4/12/2019

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.

The Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Rule permits Inogen to share your protected health and personal information to carry out treatment, payment, or other health and personal care operations. We may also disclose your health and personal information for purposes permitted or required by law and government regulation. If we want to make a use or disclosure of your protected health and personal information for purposes that do not fit within these categories, we must first obtain your authorization.

HIPAA also grants you rights to access and control your health and personal information. As HIPAA evolves, we may update our Notice of Privacy Practices at any time in order to comply with HIPAA. You also have the right to request a copy of our current Notice of Privacy Practices at any time.

Uses and Disclosures of Protected Health Information

Your protected health and personal information may be used and disclosed by your physician, Inogen, and others who are involved in your care and treatment for treatment, payment, and health and personal care operations, and otherwise as permitted or required by law and government regulation. The following are common types of uses and disclosures that we are authorized to make. While it is not possible to provide a complete list of all allowable disclosures, these examples will provide you with an understanding of acceptable disclosures made by Inogen.

Treatment: Inogen can use and disclose your protected health and personal information to provide, coordinate, or manage your health and personal care. This includes the coordination or management of your health and personal care with another provider, including the vendor from whom you obtained your device (if different from Inogen) who is also subject to HIPAA. We can disclose protected health and personal information to physicians who are treating you. We can also disclose your protected health and personal information to another health and personal care provider, such as a laboratory, who becomes involved in your treatment.

Health and personal Care Operations: Inogen can use and disclose your protected health and personal information in order to support Inogen’s business activities. Examples of health and

personal care operations include, but are not limited to, quality assessment, employee reviews, licensing activities and conducting or arranging for other business activities. We may also provide you with information about treatment alternatives or other services that may be of interest to you.

Payment: Inogen can use and disclose your protected health and personal information to obtain payment for services performed by us or by another provider. This may include disclosures to health and personal insurance plans, insurance providers, and collection agencies.

Business Associates: Inogen can share your protected health and personal information with third party Business Associates that perform various activities on our behalf. Examples of a Business Associate include billing services companies, transcription services companies, and legal services. Prior to disclosing any protected health and personal information with a Business Associate, we will establish a written contract that outlines the terms and conditions under which the Business Associate is permitted to use and disclose your health and personal information. Business Associates and their subcontractors must also comply with HIPAA Privacy and Security Regulations.

Other ways your protected health and personal information may be shared without your authorization...

Disclosures Required by Law and Workers Compensation: Inogen is permitted to use or disclose your protected health and personal information to the extent that law requires the use or disclosure. Inogen is also permitted to disclose your protected health and personal information as authorized to comply with workers' compensation laws of each jurisdiction and other similar legally established programs. We will maintain compliance with the law and will limit the disclosure to the minimum necessary.

Abuse or Neglect: Inogen may disclose your protected health and personal information to a public health and personal authority authorized to receive reports of child abuse or neglect. We may also disclose your information if, in our best judgment, we believe you have been a victim of abuse, neglect or domestic violence. When disclosing protected health and personal information in cases of abuse or neglect, we will follow applicable state and federal laws.

Public Health & Communicable Diseases: Inogen is permitted to disclose your protected health and personal information for public health and personal purposes or to a public health authority that is permitted by law to collect or receive the information. Examples include disclosure to prevent or control disease, or injury. Inogen is also permitted to disclose your protected health and personal information, if authorized by law, to a person who may have been exposed to a communicable disease. We may disclose your information if said person may be at risk of contracting or spreading the disease or condition.

Research & Health Oversight: Inogen is permitted to disclose your protected health and personal information for research purposes, provided certain conditions are met (ex. The research has been approved by an institutional review board or privacy board). Inogen is permitted to disclose your protected health and personal information to a health and personal oversight agency for activities authorized by law such as audits, investigations, and inspections.

Legal Proceedings: Inogen is permitted to disclose protected health and personal information in connection with any judicial or administrative proceeding, subpoena, or in responding to a court order or tribunal.

Law Enforcement: Inogen may disclose protected health and personal information, as required and permitted by law, to law enforcement. Permitted law enforcement purposes include (1) legal processes; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of Inogen; and (6) medical emergency associated with a crime.

Organ Donation, Coroners, & Funeral Directors: Inogen is permitted to disclose protected health and personal 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. Disclosure may be made in reasonable anticipation of death. Protected health and personal information may be used and disclosed for the purpose of facilitating cadaveric organ, eye or tissue donation.

Military Activity and National Security: Inogen is permitted to use or disclose protected health and personal information of individuals who are Armed Forces personnel under the following circumstances: (1) for activities deemed necessary by appropriate military command authorities to assure proper execution of a military mission; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military services. We are also permitted to disclose your protected health and personal information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other legally authorized persons.

Threats to Health and personal or Safety: Inogen is permitted to use and disclose protected health and personal information if the company reasonably believes it is necessary to prevent or lessen a serious and imminent threat to the health and personal and safety of a person or the public. The use or disclosure must be made to appropriate parties or is necessary for law enforcement purposes.

Opportunity to Agree or Object

The following are examples of instances where Inogen may use and disclose your protected health and personal information; however, you have the opportunity to agree or object to the use or disclosure of all or part of the disclosure. If you desire to object to all or limit part of one of the disclosures listed below, please contact our Compliance Department.

Family Members and Close Friends: Unless you object, Inogen may disclose to a member of your family, a relative, or a close friend protected health and personal information that directly relates to that person's involvement in your health and personal care, including payment for your health and personal care. Inogen may also use or disclose your protected health and personal 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. If you are present and able at the time the disclosure is made, then we will obtain your agreement and give you an opportunity to object or limit the disclosure. Finally, we may use or disclose your health and personal 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. If you are not present or unable to agree at the time the disclosure is made, then we will, in our professional judgement, determine whether such disclosure is in your best interests (such as in cases of disasters and emergencies).

Fundraising: Should Inogen choose to participate in fundraising efforts we will provide you with an opportunity to opt-out in advance of such Marketing or Fundraising Materials. You will be given the opportunity to opt-out of our current marketing or fundraising efforts, or to opt-out of all future marketing or fundraising efforts. Inogen will provide you with a separate form and/or electronic means to authorize or opt-out of our marketing or fundraising efforts.

Uses and Disclosures that Require Written Authorization

Uses and disclosures other than those listed above may only be made only with your written authorization, unless otherwise permitted or required by law or regulation. You may revoke authorization at any time, by written request. If you revoke your authorization, Inogen will no longer use or disclose your protected health and personal information on file for the reasons covered by your written authorization. However, even if you revoke your written authorization, Inogen is unable to undo any disclosures made during the period in which your authorization was valid and in effect.

Your Rights with Respect to Your Protected Health and personal Information

You have the right to inspect and copy your protected health and personal information. As long as we are maintaining your protected health and personal information, you may inspect and obtain a copy of your protected health and personal information. You may obtain your medical record that contains medical and billing records and any other records that we use for health and personal care decisions. As permitted by law, we may charge you a reasonable copy fee for a copy of your records. However, U.S. federal law prohibits you from inspecting or copying: psychotherapy notes; and information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. You may have the right to appeal the denial. Please contact our Compliance Department if you have questions. You have the right to request a restriction of your protected health and personal information.

You may ask us not to use or disclose any part of your protected health and personal information: (1) for the purposes of treatment, health and personal care operations, or payment; (2) to family members or friends who may be involved in your care; or (3) for notification purposes as described in this Notice of Privacy Practices. Your written request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to the restriction exception situations where you

have paid for services in full and the disclosure would have been to your health and personal plan for payment or health and personal care operations. However, if we agree to the requested restriction, we may not use or disclose your protected health and personal information in violation of that restriction other than emergency treatment situations.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We strive to accommodate all reasonable requests. As a condition, we may ask for additional information such as an alternative address or additional contact information. We will not request an explanation for the request. Notify our Compliance Department in writing for all requests.

You have the right to receive an accounting of certain disclosures made. This right applies to disclosures for purposes other than treatment, payment or health and personal care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made 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 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.

You may request an amendment of your protected health and personal information in a designated record set for so long as we maintain this information. 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 and we may provide you with a copy of any rebuttal. Please contact our Compliance Department if you have questions. If we maintain an electronic copy of your health and personal information, then you have the right to receive an electronic copy of your health and personal information. You have the right to obtain a hard copy of this Notice of Privacy Practices.

Complaints

Should you believe your privacy rights have been violated and you wish to file a complaint, you may submit a complaint to us or to the Secretary of U.S. Health and Human Services. To file a complaint with us, you may contact our Compliance Department at compliance@inogen.net or (805) 562-0629 or the Data Protection Officer at atzoumas@inogen.net. Protecting your private health and personal information is essential to us, and we will not retaliate against you if you file a complaint. Complaints filed with the

Secretary of U.S. Health and Human Services should be directed to your regional office. A directory of regional offices can be found on the U.S. Health and Human Services [website](https://www.hhs.gov/about/contact-us/index.html): <https://www.hhs.gov/about/contact-us/index.html> .

Contact Us

If you have any questions about this privacy policy, you can contact:

Inogen
326 Bollay Drive
Goleta CA, 93117
Email: info@inogen.net