



Notice of privacy practices

HerScan, LLC Notice of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

A. Our commitment to your privacy.

HerScan, LLC, is committed to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the screening services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we follow in our company concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our company. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our company has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our company will post a copy of our current Notice in a visible location during all screening sessions, and you may request a copy of our most current Notice at any time.

B. If you have questions about this Notice, please contact:

Administrator

**HerScan, LLC
404 Indian Rocks Rd. N.
Belleair Bluffs, FL 33770**

C. We may use and disclose your PHI in the following ways:

The following categories describe the different ways in which we may use and disclose your PHI.

1. **Screening operations:** Our company may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, we will provide your PHI to the physicians who review your tests, we may use your PHI to conduct cost management and business planning activities for our company.
2. **Notification of Results.** Our company may use and disclose your PHI to inform you of the results of your screening.
3. **Disclosures required by law.** Our company will use and disclose your PHI when we are required to do so by federal, state or local law.

D. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

- **Confidential communications.** You have the right to request that our company communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to the **Administrator, HerScan, LLC, 404 Indian Rocks Rd. N., Belleair Bluffs, FL 33770, 1-800-338-7499**, specifying the requested method of contact, or the location where you wish to be contacted. Our company will accommodate reasonable requests. You do not need to give a reason for your request.
- **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for screening, payment or operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law or in emergencies. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **Administrator, HerScan, LLC, 404 Indian Rocks Rd. N., Belleair Bluffs, FL 33770**. Your request must describe in a clear and concise fashion:
- The information you wish restricted,

- Whether you are requesting to limit our company's use, disclosure or both, • To whom you want the limits to apply.

3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used in screening operations, including screening records and billing records. You must submit your request in writing to **Administrator, HerScan, LLC, 404 Indian Rocks Rd. N., Belleair Bluffs, FL 33770**, in order to inspect and / or obtain a copy of your PHI. Our company may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Administrator, HerScan, LLC, 404 Indian Rocks Rd. N., Belleair Bluffs, FL 33770**.

You must provide us with a reason that supports your request for amendment. Our company will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for our company; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our company, unless the individual or entity that created the information is not available to amend the information.

5. Accounting and disclosures. You have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our company has made of your PHI for purposes not related to screening, payment or operations. Use of your PHI as part of the routine screening operation is not required to be documented-for example, the technician sharing information with the radiologist; or the accounting department using your information to submit a bill. In order to obtain an accounting of disclosures, you must submit your request in writing to Administrator, HerScan, LLC, 36 Tropic Tropic Blvd. West, Suite D, Largo, FL 33770. All requests for an "account of disclosures" must state a time period, which may or not be longer than six (6) years from the date of disclosure and may or may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our company may charge you for additional lists within the same 12-month period. Our company will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Administrator, HerScan, LLC, 404 Indian Rocks Rd. N., Belleair Bluffs, FL 33770**.

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our company or with the secretary of the Department of Health and Human Services. To file a complaint with our company, contact **Administrator, HerScan, LLC, 404 Indian Rocks**

Rd. N., Belleair Bluffs, FL 33770. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to provide an authorization for other uses and disclosures. Our company will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for any reasons described in the authorization. Please note: we are required to retain records of our services.

Again if you have any questions regarding this notice of our health information privacy policies, please contact **Administrator, HerScan, LLC, 404 Indian Rocks Rd. N., Belleair Bluffs, FL 33770.**