

Privacy Policy for Laser Vascular Center

This Privacy Policy describes how Laser Vascular Center ("we", "us", or "our") collects, uses, and discloses your personal information when you use our services, including our website, mobile application, and any other services offered by us (collectively, the "Services").

1. Information We Collect

We collect personal information that you provide to us when you use our Services, including:

Contact Information: such as your name, address, email address, and phone number.

Health Information: including medical history, treatment records, prescriptions, and other health-related information.

Payment Information: such as credit card or other payment information for billing purposes.

Usage Information: including information about how you use our Services, such as your browsing history and interactions with our website or mobile application.

Device Information: such as your IP address, device type, and browser information.

2. How We Use Your Information

We may use the information we collect for the following purposes:

Providing Services: to provide you with the services you request, such as medical treatment, appointments, and prescriptions.

Improving Services: to improve our Services and develop new services, products, or features.

Personalization: to personalize your experience and provide you with tailored content and recommendations.

Communication: to communicate with you about your appointments, treatment plans, and other relevant information.

Marketing: to send you promotional materials and offers that may be of interest to you, with your consent where required by law.

3. Information Sharing and Disclosure

We may share your personal information with third parties in the following circumstances:

Service Providers: we may share your information with third-party service providers who perform services on our behalf, such as payment processing, data analysis, and marketing.

Healthcare Providers: we may share your health information with other healthcare providers involved in your treatment, with your consent.

Legal Compliance: we may disclose your information to comply with applicable laws, regulations, legal processes, or government requests.

Business Transfers: in the event of a merger, acquisition, or sale of all or a portion of our assets, your information may be transferred as part of the transaction.

4. Data Security

We take reasonable measures to protect your personal information from unauthorized access, disclosure, alteration, or destruction. However, no method of transmission over the internet or electronic storage is 100% secure, and we cannot guarantee the absolute security of your information.

5. Your Rights and Choices

You may have certain rights and choices regarding your personal information, including the right to access, correct, or delete your information. Please contact us using the information provided below to exercise these rights.

6. Changes to this Privacy Policy

We may update this Privacy Policy from time to time to reflect changes in our practices or applicable laws. We will notify you of any material changes by posting the updated Privacy Policy on our website or mobile application.

7. Contact Us

If you have any questions or concerns about this Privacy Policy or our practices, please contact us at info@laservascularcenter.com.

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.

At Laser Vascular Center, we understand that your medical information about you and your health is personal. Our practice is committed to protecting your medical information. We are required by federal and state laws to maintain the privacy of your Protected Health Information (PHI) and to give you this notice explaining our privacy practices with regard to your information. This notice explains your rights and our legal obligations regarding the privacy of your PHI.

Protected Health Information is information that individually identifies you. It may be used and disclosed by your physician, our office staff, another healthcare provider, your health plan, your employer or a healthcare clearing house that relates to (1) past, present or future physical conditions, (2) the provision of healthcare to you, or (3) the past, present or future payment for your health care.

How We May Use and Disclose Your Protected Health Information:

1. Treatment: Your PHI may be provided to a physician or healthcare provider to whom you have been referred, to ensure they have the necessary information to diagnose, treat or provide a service.

2. Payment: Your PHI may be used and disclosed to enable us to bill and either collect payment from you, a health plan or a third party for the treatment and services you receive from us. As an example, we may need to give your health plan information of your treatment in order for your health plan to agree to payment for that treatment.

3. Health Care Operations: We may use and disclose your PHI in order to support the business activities of your physician's office. The activities include, but are not limited to, the evaluation of our team members in caring for you, quality assessment, the disclosure of information to physicians, nurses, medical technicians, medical students and other authorized personnel for education and learning purposes.

4. Appointment Reminders/Treatment Alternatives/ Health-Related Services: We may use and disclose your PHI to contact you to remind you that you have a scheduled medical appointment or to advise you of treatment options or alternatives or health related benefits and services which may be of interest to you.

5. As required by Law: We will disclose your PHI about you when required to do so by international, federal, state or local law. Examples include:

- Public health activities including reporting of certain communicable diseases
- Workers' compensation or similar programs as required by law
- Authorities when we suspect abuse, neglect, or exploitation
- Health oversight agencies

- For certain judicial and administrative proceedings pursuant to an administrative order
- Law enforcement purposes
- Medical examiner, coroner, or funeral director
- The facilitation of organ, eye, or tissue donation if you are an organ donor
- To avert a serious threat to your health and safety or that of others

- For governmental purposes such as military service or for national security
- In the event of an emergency or for disaster relief

6. Marketing & any purposes which require the sale of your information: These disclosures require your written authorization.

7. Business Associates: We may share your PHI with other individuals or companies that perform various activities for, or on behalf of, our office such as after-hours telephone answering, quality assurance, or clinic research. Our Business Associates agree to protect the privacy of your information.

8. Any other uses and Disclosures not recorded in this Notice will be made only with your written authorization. You may revoke the authorization at any time by submitting a written revocation and we will no longer disclose your PHI, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR HEALTH RECORD IS THE PHYSICAL PROPERTY OF LASER VASCULAR CENTER. THE INFORMATION CONTAINED IN IT BELONGS TO YOU. BELOW IS A LIST OF YOUR RIGHTS REGARDING INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. ALL REQUESTS RELATED TO THESE ITEMS MUST BE MADE IN WRITING TO OUR PRIVACY OFFICER AT THE ADDRESS LISTED BELOW. WE WILL PROVIDE YOU WITH APPROPRIATE FORMS TO EXERCISE THESE RIGHTS. WE WILL NOTIFY YOU, IN WRITING, IF YOUR REQUESTS CANNOT BE GRANTED.

1. The Right to Inspect and Copy: Under federal law you have the right to inspect and copy your PHI and Integrity Pain and Wellness has up to 30 days to make your PHI available to you, fees may apply.

2. The Right to an Electronic Copy of Electronic Medical Records: You have the right to request that an electronic copy of your PHI be given to you or transmitted to your designated officer. We will make every effort to provide the electronic copy in the format you request however if it is not readily producible by us, we will provide it in either our standard format or in hard copy form (fee may apply).

3. Restrictions on Use and Disclosure: You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment or health care operations. You may ask us not to use or disclose any part of your PHI and by laws we must comply when the PHI pertains solely to health care item or service which the health care provider involved has been paid out

of pocket in full. Your request must be made in writing to our HIPAA Compliance Officer with specific instructions. If we agree to the restriction, we may only be in violation of the restriction for emergency treatment purposes. By law, you may not request we restrict the disclosure of your PHI for treatment purposes.

4. The Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured PHI.

5. The Right to Request Amendments: If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. A request and the reason for the requested amendment must be in writing to the HIPAA Compliance Officer at the information at the end of this Notice. In certain cases, we may deny your request. If we deny your request, 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 a copy.

6. The Right to an Accounting of Disclosures: You have the right to receive an accounting of all disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred six years prior to the date of the request. Your request must be made in writing and you must indicate in what form you want the list, for example on paper or electronically. The first accounting of disclosures in any 12-month period will be free. Any additional requests within that same period we may charge reasonable costs. You may withdraw or modify your request before the costs are incurred.

7. The Right to Request Confidential Communications: You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you on a specific telephone number. Your request must be made in writing with specific instructions on how and where we contact you. We will accommodate all reasonable requests and will not ask the reason for your request.

8. Copy of Notice: You have the right to request that we provide you with a paper copy of this notice of Privacy Practices.

If you have questions about this notice, please contact Laser Vascular Center directly.

If you feel your privacy rights have been violated, you have the right to file a written complaint with our office. There will be no retaliation for filing a complaint.