

THERMA-SCAN™

REFERENCE LABORATORY, LLC.

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

Uses and Disclosures

EVALUATION. Your health information may be used by our staff members or disclosed to other health care professionals for the purpose of evaluating your thermal images and the determination of your specific risk for various health disorders and diseases. Your health information and the report containing the evaluation of your thermal images will be disclosed to the medical doctor and any other persons you listed on the history sheet you provided to Therma-Scan Reference Laboratory LLC.

PAYMENT. Your health information may be used to seek payment from your health plan, from other sources of coverage, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided, and the diagnostic process involved in your thermal imaging.

HEALTH CARE OPERATIONS. Your health information may be used as necessary in the operations and management of Therma-Scan Reference Laboratory LLC. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

LAW ENFORCEMENT. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

PUBLIC HEALTH REPORTING. Your health information may be disclosed to public health agencies as required by law.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION. Disclosure of your health information or its use for any other purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

ADDITIONAL USES OF INFORMATION

APPOINTMENT REMINDERS. Your health information will be used by our staff to send you appointment reminders.

INFORMATION ABOUT TREATMENTS. Your health information may be used to send you information on the diagnosis, treatment and management of your medical condition or new technology that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

INDIVIDUAL RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Informed Consent

"Thermology is a passive (no radiation exposure and no physical contact) procedure that involves the quantitative and objective analysis of the body's heat patterns and emission levels. The thermology image data will be analyzed by specially trained professionals on our staff using a scientific method in order to obtain diagnostic indications of risk for health disorders and diseases. The thermology report is not itself a diagnosis (medical conclusion) but will contain health-related information that may be important in the process of obtaining a diagnosis. The process of obtaining a diagnosis must involve the professional services of your personal physician(s) and other forms of diagnostic evaluation. Thermology is NOT a stand-alone procedure. A normal thermology report does not eliminate all possibility of breast disease. An abnormal thermology report does not itself conclude the presence of breast disease. The diagnostic power of thermology is additive with mammography, magnetic resonance imaging (MRI), ultrasound and clinical examination. We encourage you to obtain the substantial benefits of combining the appropriate tests for breast disease with the guidance of your personal physician(s). Therma-Scan Reference Laboratory, LLC or members of its staff cannot act or function as your personal physician. Currently, thermology is not a common practice in the United States and not all physicians in the United States agree on the value of thermology. However, thermology has been recognized by the US Dept. of HUD since 1971 and by the US FDA since 1985 as an adjunctive diagnostic procedure for breast disease, diseases of blood vessels and nerve-based diseases and demonstrates real value among various medical specialists."

Participation in Scientific and/or Medical Studies

Therma-Scan Reference Laboratory, LLC and its scientific personnel routinely engage in scientific and/or medical studies using the medical information and thermal imaging data from our clients in order to evaluate and substantiate the diagnostic power of medical thermology or to refine our analytic technique. All personal identifying information is strictly excluded from these studies in order to preserve individual confidentiality. You may elect to exclude your thermal imaging and your medical information from these scientific and/or medical studies by making this known to any of our staff at the time of your thermal imaging or any time thereafter in writing. The analysis or reporting of your thermology study will not be adversely affected in any manner by electing to exclude your thermal imaging and your medical information from scientific and/or medical studies.

Authorization and Report Release

Your signature or other form of approval will acknowledge that you read and understand all this information and that you consent to the thermology procedure, the analysis of the thermology data, the construction of a report containing this analysis and authorize us to release your thermology report to the physician(s) and others you have provided us. Your signature or other form of approval also indicates that you have complied with the preparation protocols as we have requested.

THERMA-SCAN REFERENCE LABORATORY LLC DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are required to abide by the privacy policies and practices that are outlined in this notice.

RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing and in advance. You may obtain a form to request access to you records by contacting our Office Manager.

COMPLAINTS

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Office Manager

Therma-Scan Reference Laboratory LLC
34100 Woodward Avenue Suite 100
Birmingham, MI 48009

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

As listed below, health information privacy complaints may be filed with the Secretary of DHHS and should be addressed to him/her at the OCR (Office for Civil Rights) regional office that is responsible for matters relating to the Privacy Rules arising in the state of jurisdiction where the covered entity is located. For complaints including entities located in Illinois, Indiana, Michigan, Minnesota, Ohio, or Wisconsin: Region V, Office for Civil Rights, Department of Health and Human Services, 233 North Michigan Avenue, Suite 240, Chicago, Illinois 60601. Voice phone (312) 886-2359. Fax (312) 886-1807. TDD (312) 353-5693.