

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 CAREFULLY

LaBanks Medical Services LLC understands that your privacy is important. This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to control your protected health information. Protected health information is information about you, including demographic information, which may identify you and that relates to your past, present, or future physical or mental health condition or payment. No mobile information will be shared with third parties or affiliates for marketing or promotional purposes. All other categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

Understanding Your Health Record/Information Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains personal demographic information, your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- a. Basis for planning your care and treatment.
- (1.) Means of communication among the many health professionals who contribute to your care.
- (2.) Legal document describing the care you received.
- (3.) Means by which you or a third-party payer can verify that services billed were provided.
- (4.) A tool in educating health professionals.
- (5.) A source of data for medical research.
- (6.) A source of information for public health officials charged with improving the health of the nation.
- (7.) A source of data for facility planning and marketing; and
- (8.) A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- (9.) Ensure its accuracy.
- (10.) Better understand who, what, when where and why others may access your health information
- (11.) Make more informed decisions when authorizing disclosure to others.

Acknowledgement of Receipt - Notice of Privacy Practices I acknowledge that I have received a copy of the Labanks Medical Service's Notice of Privacy Practices, which describes how LMS will use and protect my health information. This Notice of Privacy Practices describes my rights under the Health Insurance Portability and Accountability Act (HIPPA) and LMS's policies on use and disclosure of my protected health information.

This is an agreement between Labanks Medical Services, LLC, Florida Corporation, as a creditor, and the Patient/Debtor named on this form.

In this agreement the words "I," "you," "your," and "yours" mean the Patient/Debtor. The word "account" means any account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer to Labanks Medical Services, LLC (LMS) and/or its affiliated entities.

Insurance: Insurance is a contract between you and your insurance company. Labanks Medical Services LLC is solely a self-paying company, and we do not accept any insurance. No attempt will be made to bill your insurance for services provided. All payments are required before any services are rendered.

Labanks Medical Services, LLC, is required by law to maintain the privacy of protected health insurance. We do not disclose Personal Information to any third parties for their direct marketing purposes as defined by this law. You may request further information about our compliance with this law by emailing janeice@labanksmedical.com.