

NOTICE OF PRIVACY PRACTICES

AzureWave Medical Services, LLC

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This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Our Commitment to Your Privacy

AzureWave Medical Services, LLC is committed to protecting the privacy of your protected health information (PHI). We create and maintain records of the care and services you receive in order to provide quality medical care and comply with legal requirements.

How We May Use and Disclose Your Health Information

We may use and disclose your PHI for treatment, payment, and healthcare operations. This includes coordination with other healthcare providers, billing insurers or Medicare, and conducting quality improvement and administrative activities.

Additional Permitted or Required Disclosures

We may disclose your PHI for public health reporting, health oversight activities, law enforcement purposes, judicial proceedings, to prevent serious threats to health or safety, and as otherwise required by federal or Florida law.

Electronic Communication, Technology & Advanced Therapies

Our practice utilizes electronic medical records (EMR), electronic prescribing systems, secure patient portal messaging, and telemedicine technology. Health information created or received through these systems becomes part of your permanent medical

record.

Secure patient portal messaging may be used for non-urgent communication. Portal messages are not monitored continuously and should not be used for emergencies. In case of emergency, call 911.

Telemedicine visits involve electronic transmission of health information through secure platforms. We use reasonable administrative, technical, and physical safeguards to protect your privacy during virtual visits.

Our practice may utilize third-party service providers such as electronic medical record vendors, billing companies, telehealth platforms, laboratories, or payment processors. These entities are required to maintain appropriate safeguards under Business Associate Agreements in accordance with HIPAA.

Documentation related to advanced therapies, including red light therapy, PEMF, or other wellness services provided within the practice, is maintained within your medical record and protected under this Notice.

Your Rights Regarding Your Health Information

You have the right to request access to your medical records, request amendments, request restrictions, request confidential communications, receive an accounting of disclosures, and obtain a paper copy of this Notice. Requests must be made in writing.

Our Responsibilities

We are required by law to maintain the privacy of your health information, provide this Notice, notify you in the event of a breach, and follow the terms currently in effect. We reserve the right to revise this Notice and make the revised version effective for all PHI we maintain.

Questions or Complaints

If you believe your privacy rights have been violated, you may file a complaint with AzureWave Medical Services, LLC at 503 N. Orlando Ave., Suite 105, Cocoa Beach, FL 32931 or by calling 321-518-0165. You may also file a complaint with the U.S. Department of Health & Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.