

AzureWave Medical Services, 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.

Effective Date: January 1, 2026

AzureWave Medical Services, LLC is required by law to maintain the privacy of your protected health information (PHI) and to provide you with this Notice of our legal duties and privacy practices in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and 45 CFR §164.520.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

1. Treatment:

We may use and disclose your health information to provide, coordinate, or manage your medical care.

2. Payment:

We may use and disclose your information to bill and collect payment from you, your insurance plan, Medicare, or other third parties.

3. Healthcare Operations:

We may use and disclose your information for practice operations such as quality assessment, licensing, compliance, training, and administrative activities.

4. As Required by Law:

We may disclose information when required by federal or Florida law, including public health reporting, abuse reporting, court orders, or law enforcement requests.

5. Public Health & Safety:

We may disclose information to prevent or lessen a serious threat to health or safety.

6. Business Associates:

We may share information with contracted business associates (such as billing services, EMR vendors, or IT providers) who are required to safeguard your information under HIPAA.

YOUR RIGHTS

You have the right to:

- Inspect and obtain a copy of your medical record
- Request an amendment to your medical record
- Request restrictions on certain disclosures
- Request confidential communications
- Obtain an accounting of disclosures
- Receive a paper copy of this Notice

Certain requests may be denied as permitted by law.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy and security of your protected health information
- Provide you with this Notice
- Notify you in the event of a breach of unsecured PHI
- Follow the terms of this Notice currently in effect

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

AzureWave Medical Services, LLC

Phone: 321-518-0165

You may also file a complaint with the U.S. Department of Health and Human Services.
You will not be retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to revise this Notice and make the revised Notice effective for all protected health information we maintain. The current version will always be available upon request.