



BAMF Health Theranostics Center - Molecular Imaging Clinic
109 Michigan Street NW, Suite #100 - Grand Rapids, MI 49503
Phone: (888) 987-5515 - Fax: (616) 282-2042
www.BAMFhealth.com

BAMF Health, Inc.

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 2/13/2022
Revised 1/5/2024

When this Notice refers to “we” or “us” or “BAMF,” it is referring to BAMF Health, Inc.

This Notice describes how we will use and disclose your health information. The policies outlined in this Notice apply to all of your health information generated by BAMF, whether recorded in your medical record, invoices, payment forms or other ways. These policies also apply to the health information gathered from other health care providers and organizations by any employee, independent contractor or volunteer who participates in your care at a BAMF facility or practice, including information we receive pursuant to BAMF’s participation in health information exchanges, accountable care organizations, or clinically integrated networks.

A. Uses and Disclosures of Your Health Information

1. Uses and Disclosures that Do Not Require Consent or an Opportunity to Object.

In some circumstances, we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. For more information see:

<https://www.hhs.gov/hipaa/for-individuals/index.html>

These circumstances include:

a. Uses or disclosures relating to treatment, payment and health care operations:

- (1) **Treatment**. We may use and/or disclose your health information to provide, or to allow others to provide, treatment to you. For example, your physician may disclose your health information to another doctor for a consultation. Also, we may contact you with appointment reminders or information about treatment options or other health-related benefits and services that may be of interest to you.
- (2) **Payment**. We may use and/or disclose your health information for the purpose of allowing us, as well as other organizations, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.
- (3) **Health Care Operations**. We may use and/or disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity (covered health care provider, health plan or health care clearinghouse) to allow it to perform certain of its day-to-



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day functions, but only to the extent that we both have a relationship with you. For example, we may compile health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided by BAMF.

- (4) Electronic Health Record. We use an electronic health record that permits us to exchange health information electronically with other health care providers, clinics, centers, and facilities that are involved in your care for treatment, payment and permitted health care operations.
- b. For research purposes. In certain circumstances, we may use or provide PHI to conduct research. Where permitted by law, institutional policies, and when approved by an institutional review board, we may use de-identified materials that originally had identifying information concerning you, but which was deleted from the final materials, including for research and product or service development purposes.
 - c. Research Publication. We may publish the results of this aforementioned research. However, we will keep your name and other identifying PHI information confidential.
 - d. Research & Development Commercialization. Your information may be used for research or development of a commercial product. Research projects are subject to review to ensure protection and privacy of your information. Information may also be used for development of a commercial product. You will not receive any financial proprietary interest in the data or in any products or processes that may results from research on the data.
 - e. When required by law, including to the Department of Health and Human Services if it wants to see that we're complying with federal privacy law;
 - f. For public health purposes, such as preventing disease, helping with product recalls, reporting adverse reactions to medications, or preventing or reducing a serious threat to anyone's health or safety;
 - g. To disclose information about victims of abuse, neglect, or domestic violence as required by law;
 - h. For health oversight activities, such as a regulatory agency's audits or civil, administrative or criminal investigations;
 - i. For judicial or administrative proceedings;
 - j. For law enforcement purposes;
 - k. To assist coroners, medical examiners or funeral directors with their official duties;
 - l. To facilitate organ, eye or tissue donation;
 - m. For health research;
 - n. To avert a serious threat to health or safety;
 - o. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes; and
 - p. For workers' compensation purposes, as permitted by law.



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2. **Uses and Disclosures that Require an Opportunity to Object.** We may also use or disclose your health information in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such disclosures and will, at that time, offer you the opportunity to object.
 - a. Directories. We may maintain a directory of patients that includes your name and location within the facility, your religious designation, and information about your condition in general terms that will not communicate specific medical information about you. Except for your religion, we may disclose this information to any person who asks for you by name.
 - b. Notifications. We may disclose to your relatives or close personal friends any health information that is directly related to that person's involvement in the provision of, or payment for, your care. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location, general condition, or death, and to organizations that are involved in those tasks during disaster situations.
3. **Uses and Disclosure that Require your Written Authorization.** The following uses and disclosures of your health information require your written authorization:
 - a. Uses and disclosures of psychotherapy notes except as permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 - b. Uses and disclosures for marketing purposes that involve remuneration, such as payment, to us from a third party; and
 - c. Disclosures that would constitute a sale of your health information.
4. **Fundraising.** We may use or disclose your health information to contact you as part of our efforts to raise funds. You have the right to opt out of receiving such fundraising communications. All fundraising communications will include information about how you may opt out of future fundraising communications.

Except as described in this Notice, uses and disclosures of your health information will be made only with your written authorization. Except as allowed by Federal or State laws or rules, any information released from mental health records or from substance use disorder treatment records that are protected by a more stringent Federal law called "Part 2" will require your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action based on your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.



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B. Your Rights

- 1. To Request Restrictions.** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. To request a restriction, submit a written request to the Designated Contact listed on the final page of this Notice. We are not required to agree to your request. However, we must agree to your request to restrict the disclosure of your health information to a health plan, if the disclosure is for payment or health care operations and it is not otherwise required by law and the health information is solely related to items or services that you (or someone on your behalf) paid us for in full.
- 2. To Limit Communications.** You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request communications via alternative means or at alternative locations, you must submit a written request to the Designated Contact listed on the final page of this Notice. All reasonable requests will be granted.
- 3. To Access and Copy Health Information.** You generally have the right to inspect and copy health information about you contained in clinical, billing, or other records used to make decisions about you and information compiled in anticipation of or for use in civil, criminal or administrative proceedings. You also have a right to direct that your health information be sent to a third party in electronic form.

To arrange for access to your records or to receive an electronic or paper copy of your records, you should submit a written request to the Designated Contact listed on the last page of this Notice. If you request copies, you will be charged a reasonable, cost-based fee for copying and mailing the requested information. In certain instances, these copies may be provided free of charge, such as when you are viewing your health information on your smartphone or computer or on an app.

Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

- 4. To Request Amendment.** You may request that your health information be amended, if you



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think it is incorrect or incomplete. Requests to amend health information must be submitted in writing to the Designated Contact listed on the final page of this Notice. Your request may be denied if the information in question: (i) was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), (ii) is not part of our records, (iii) is not the type of information that would be available to you for inspection or copying, or (iv) is accurate and complete. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates.

5. **To an Accounting of Disclosures.** You have the right to an accounting of any disclosures of your health information made during the six-year period prior to the date of your request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures made pursuant to an authorization signed by you, (vii) disclosures that are part of a limited data set, (viii) disclosures that are incidental to another permissible use or disclosure, or (ix) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. To request an accounting of disclosures, submit a written request to the Designated Contact listed on the final page of this Notice. We will provide one accounting a year for free, but we will charge a reasonable, cost-based fee if you ask for another one within 12 months.
6. **To a Paper Copy of this Notice.** You have the right to obtain a paper copy of this Notice upon request, even if you agreed to receive the notice electronically. We will provide you with a paper copy promptly upon request.
7. **To Discuss This Notice of Privacy Practices.** You have a right to discuss this Notice of Privacy Practices document with the Designated Contact at the contact information listed on the final page of this notice.

C. Our Duties

1. We are required by law to maintain the privacy and security of your health information.
2. We are required to provide you with this Notice of our legal duties and privacy practices concerning your health information. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website (if applicable) and at our facility, and will be available from us upon request.
3. We are required to abide by the terms of this Notice. We will not use or share your information



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other than as described herein unless you tell us we can in writing. If you tell us we can, you may change your mind at any time and let us know in writing if you change your mind.

4. We are required to provide a clear explanation for any limitations imposed on access to Electronic Health Information and must make a good faith effort to provide access to as much information as possible. We also are required to make available any information blocking policies or procedures we have in place, and provide you with information on how to file a complaint if you believe your access to information has been improperly limited or blocked.
5. We are required by law to notify you if there is a breach of any of your health information which was unsecured and that compromised the privacy or security of your health information.

D. Complaints

You can submit a complaint to us and/or to the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated.

To submit a complaint to Department of Health and Human Services, visit <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>.

To submit a complaint with us, please file a written complaint with the Designated Contact listed below. The Designated Contact can also provide you with more information about the practices in this Notice upon request. No action will be taken against you for filing a complaint.

To submit an information blocking claim, visit <https://www.healthit.gov/topic/information-blocking>.

E. Designated Contact

For questions, please contact the Privacy Officer:

1. **In writing:**

BAMF Health, Inc.
Attn: Privacy Officer
109 Michigan St. NW Suite 700
Grand Rapids, MI 49503

2. **By phone:** 616-330-2722