

NOTICE OF PRIVACY PRACTICES

POLARIS ULTRASOUND LLC
Effective Date: November 1, 2025

This Notice of Privacy Practices (“Notice”) describes how Polaris Ultrasound LLC (“Polaris Ultrasound,” “we,” “our,” or “us”) may use and disclose your protected health information (“PHI”) and explains your rights regarding such information. Polaris Ultrasound is committed to protecting the privacy and confidentiality of all patient medical and personal information in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH”), and with all other applicable federal and state privacy laws and regulations.

Your “protected health information,” or PHI, includes any individually identifiable information about your medical history, conditions, exams, or treatments that we create, receive, maintain, or transmit in the course of providing healthcare services. This Notice applies to all PHI maintained by Polaris Ultrasound, whether in electronic, paper, or oral form.

Polaris Ultrasound provides diagnostic ultrasound imaging services to patients and clinics and partners with board-certified radiologists through teleradiology systems for the interpretation of results. This Notice applies to all employees, contractors, business associates, and affiliates of Polaris Ultrasound who have access to PHI.

1. OUR LEGAL DUTIES AND RESPONSIBILITIES

Polaris Ultrasound is required by law to maintain the privacy and security of your PHI, to provide you with this Notice describing our privacy practices and legal duties, and to comply with the terms set forth herein. We are also required to notify you if a breach occurs that compromises the privacy or security of your PHI.

We maintain appropriate administrative, physical, and technical safeguards designed to protect your PHI from unauthorized access, use, or disclosure. All employees and contractors of Polaris Ultrasound are trained to comply with HIPAA regulations and the company's internal privacy and security policies. Our duty to protect your information remains in effect even after your relationship with us ends.

2. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Under HIPAA, Polaris Ultrasound may use or disclose your PHI for purposes of treatment, payment, and healthcare operations without your written authorization. Any other use or disclosure of your PHI will be made only with your explicit written consent, unless otherwise permitted or required by law.

Treatment

We may use your PHI to provide diagnostic imaging services and to coordinate care with your referring physician or other healthcare providers. This includes transmitting ultrasound images and related clinical information to licensed radiologists who interpret studies remotely through secure teleradiology systems. Results may then be sent back to your physician or clinic electronically or by fax. We may also contact you to schedule or confirm appointments, request additional clinical information, or inform you that your results have been processed.

Payment

We may use and disclose your PHI for billing and payment purposes related to our services. This includes preparing and sending invoices, verifying payments, and maintaining financial records. Disclosures of PHI for payment purposes will be limited to the minimum information necessary to accomplish the billing process.

Healthcare Operations

We may use and disclose your PHI for operational purposes necessary to ensure the quality, safety, and efficiency of our services. Such activities include internal audits, quality assurance programs, staff training, credentialing, accreditation, compliance reviews, and data analysis. We may also use PHI as part of business planning, management, and legal or accounting services. In the event of a merger, acquisition, or transfer of assets, PHI may be disclosed as part of due diligence, provided that the recipient agrees to maintain the confidentiality of all information as required by law.

Business Associates

We may share PHI with third-party service providers, known as “business associates,” who perform certain functions on our behalf, such as billing, IT management, secure record storage, or radiology interpretation. These business associates are contractually obligated to protect the confidentiality, integrity, and security of your PHI and to use it only for the purposes expressly authorized by Polaris Ultrasound.

Individuals Involved in Your Care

We may disclose your PHI to a family member, friend, or other individual identified by you as being involved in your care or the payment for your care, provided that you do not object to such disclosure. In emergencies or situations where you are incapacitated, we may use our professional judgment to determine what disclosure is in your best interest.

Other Permitted or Required Disclosures

We may use or disclose PHI when required by federal, state, or local law, including disclosures to public health authorities, government oversight agencies, or law enforcement officials. We may disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, to comply with a court order, subpoena, or warrant, or to assist in identifying or locating a suspect, fugitive,

POLARIS ULTRASOUND LLC
2825 Wilcrest Dr. Suite 257 (2nd Floor)
Houston, Texas. 77042. (Westchase Square)
Phone: 281-867-6066
E-mail: polarisultrasound@gmail.com

POLARIS ULTRASOUND II
5870 Hwy 6 N. Suite 311 (3rd Floor)
Houston, Texas. 77084
Phone: 281-971-4664
E-mail: polarisultrasoundhwy6@gmail.com



or missing person. We may also release PHI to a coroner, medical examiner, or disaster relief organization as authorized by law.

Research and De-Identification

We may use or disclose your PHI for approved research purposes if the research has been reviewed and approved by an Institutional Review Board or privacy board and complies with applicable confidentiality requirements. We may also use your PHI to create de-identified data by removing identifying information as defined by HIPAA, after which the information is no longer considered PHI and may be used for lawful business or analytical purposes.

Incidental Disclosures

While we implement reasonable safeguards to protect your privacy, certain limited disclosures may occur as a byproduct of permissible uses. For example, your name might be called in a waiting room or appear in a communication necessary to coordinate your care. We are permitted to make such incidental uses and disclosures as long as we take reasonable steps to minimize them and have in place appropriate safeguards to protect them.

3. NOTE REGARDING STATE LAW

For all of the above purposes, when state law is more restrictive than federal law, we are required to follow the more restrictive state law.

4. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

Under federal law, you have specific rights regarding your PHI. Polaris Ultrasound respects and upholds these rights as follows:

POLARIS ULTRASOUND LLC
2825 Wilcrest Dr. Suite 257 (2nd Floor)
Houston, Texas. 77042. (Westchase Square)
Phone: 281-867-6066
E-mail: polarisultrasound@gmail.com

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5870 Hwy 6 N. Suite 311 (3rd Floor)
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- You have the right to access and obtain a copy of your medical records, including ultrasound reports and billing information, subject to verification of identity. Requests must be submitted contacting our offices in writing to polarisultrasound@gmail.com, or calling to 281-867-6066, and we will respond within the time required by law. Reasonable administrative or reproduction fees may apply.
- You have the right to request an amendment to your PHI if you believe the information we maintain is inaccurate or incomplete. We may deny such a request if the record is accurate or if we did not create the information in question. If your request is denied, you will receive a written explanation and may submit a statement of disagreement, which will be included in your record.
- You have the right to request an accounting of certain disclosures of your PHI made by Polaris Ultrasound within the preceding five years, excluding those made for treatment, payment, or healthcare operations. You also have the right to request restrictions on the use or disclosure of your PHI, though we are not obligated to agree to all such restrictions except in limited circumstances prescribed by law.
- You have the right to request that we communicate with you by alternative means or at alternative locations (for example, by email instead of phone, or to a different address). Polaris Ultrasound will accommodate reasonable requests consistent with our ability to maintain confidentiality of your information.

You are entitled to a paper or electronic copy of this Notice upon request at any time, and the most current version is always available through our website.

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5. COMPLAINTS AND QUESTIONS

If you have any questions about this Notice or believe that your privacy rights have been violated, you may contact Polaris Ultrasound directly at:

Polaris Ultrasound LLC
Attn: Privacy Officer
Phone: 281-867-6066
Email: polarisultrasound@gmail.com

You also have the right to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint in good faith.

6. NON-DISCRIMINATION NOTICE

Polaris Ultrasound complies with all applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide reasonable accommodations and language assistance services free of charge to ensure equal access to our services. Requests for assistance or auxiliary aids may be directed to contact@polarisultrasound.com.

If you believe that Polaris Ultrasound has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Polaris Ultrasound LLC
Civil Rights Coordinator
2825 Wilcrest Dr, Suite 257
Houston, TX 77042
Phone: 281-867-6066
Email: polarisultrasound@gmail.com

You can file a grievance in person, by mail, email, or call. If you need help filing a grievance, the Polaris Ultrasound Civil Rights Coordinator is available to help you.

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7. REVISIONS TO THIS NOTICE

Polaris Ultrasound reserves the right to amend or revise this Notice at any time and to make the revised Notice effective for all PHI that we maintain, including information created or received prior to the revision. Any material change to our privacy practices will be posted on our website and made available upon request. The revised Notice will include an updated effective date.

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HIPAA-Compliant Notice of Privacy Practices.