



25 Boylston Street Suite L07
Chestnut Hill, MA 02467

Call 1-877-BODY-CTS (1-877-263-9287) or make an appointment [ONLINE](#)

BE WELL BODY SCAN, 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. THIS IS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY ACT OF 1996 (HIPAA). PLEASE REVIEW IT CAREFULLY.

This notice describes the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. The record typically contains your symptoms, medical history, examination, test results, diagnoses, treatment, and a plan for future care or treatment.

Treatment

We keep a record of each visit. This record may include your test results, diagnoses, medications, and/or history questionnaire as well as the name, address and phone number of your personal physician(s) including specialists.

Payment

We document the services and supplies you receive at each visit so that you, or another party (such as corporate benefit administrators) can pay us.

Health Care Operations

Medical information is used to improve the services we provide, to train staff, for business management, for quality improvement and for customer service.

We may also use information to:

- Tell you about health benefits and services
- Make or send appointment reminders

The following circumstances may require us to use or disclose your health information:

- We will disclose your medical information when required to do so by federal, state, or local law. If you are involved in a lawsuit or dispute, we may disclose your medical information in response to a court order or in response to a subpoena.
- We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be only to someone able to help prevent the threatened harm.

- If you are a member of the armed forces, we may release your medical information as required by law. We may also release information about foreign military personnel to the appropriate foreign military authority as required by law.
- We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- We may disclose your information to federal officials for intelligence and national security activities authorized by law.
- If you are an inmate or under the custody of a law enforcement official, we may release your medical information as required by law.

Your Rights Regarding Medical Information About You

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to: Be Well Body Scan, 25 Boylston St., Suite L07, Chestnut Hill, MA 02467 or fax your request to 617-754-0303. Fees may apply for the generation of this information.

You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to: Dr. Max Rosen, Medical Director, BeWell Body Scan, 25 Boylston St., Suite L07, Chestnut Hill, MA 02467. We may deny your request if you ask us to amend information that is accurate and complete or was not created by us, or the person or entity that created the information is no longer available to make the amendment.

You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you via your cell phone rather than your home phone. We will accommodate all reasonable requests.

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, such as a family member or friend. We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

You have the right to request an accounting of disclosures. This is a list of the disclosures we made of your medical information for which an authorization was not obtained, or which was not made for the purposes of treatment, payment, or healthcare operations. This request must be submitted in writing and must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

You have the right to a paper copy of this notice. You may ask us at any time to give you a copy of this notice. You may obtain a copy of this notice at our website, www.bewellbodyscan.com.

You have the right to file a complaint. If you believe that your privacy rights have been violated, you may file a complaint with our practice or with the Secretary for the Department of Health and Human Services. To file a complaint with our practice, contact our manager, Jane Corey at the above address. You will not be penalized for filing a complaint.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our practice. The notice will contain the effective date on the first page. Changes to this notice will be posted on the website with the effective date.

Other uses of Medical Information

Our practice will obtain your written permission for uses and disclosures that are not identified by this notice or permitted by applicable law. If you provide us permission to use or disclose your medical information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.