

**BIDART HEALTH SERVICES, LLC**  
**d/b/a Discreet STDs**

**HIPAA NOTICE OF PRIVACY PRACTICES**

Effective Date: January 1 2026

**1. PURPOSE OF THIS NOTICE**

This HIPAA Notice of Privacy Practices (“Notice”) is provided in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), including the Privacy Rule (45 CFR Part 160 and Subparts A & E of Part 164).

This Notice describes how medical information about you may be used and disclosed by Bidart Health Services, LLC (“BHS”) and how you can access this information.

BHS is a healthcare provider licensed in the State of Florida and is a Covered Entity under HIPAA.

This Notice applies to all healthcare services provided by BHS, including in-person services, telehealth services, the Discreet STDs online program, and any future healthcare services offered by BHS.

**2. OUR LEGAL DUTIES**

BHS is required by HIPAA and applicable Florida law to maintain the privacy of your Protected Health Information (“PHI”), provide you with this Notice, abide by the terms currently in effect, and notify you in the event of a breach of unsecured PHI as required by federal and state law.

BHS implements administrative, technical, and physical safeguards that are reasonable and appropriate to protect electronic PHI consistent with the HIPAA Security Rule and the Florida Information Protection Act (§501.171, Florida Statutes).

**3. PROTECTED HEALTH INFORMATION (PHI)**

PHI includes information that identifies you and relates to your medical history, symptoms, clinical assessments, laboratory orders and results, diagnoses, treatment recommendations, telehealth communications, and billing and payment information.

#### **4. HOW WE MAY USE AND DISCLOSE YOUR PHI**

BHS may use and disclose your PHI for treatment, payment, and healthcare operations as permitted by HIPAA.

Treatment includes clinical evaluations, ordering laboratory testing, reviewing results, prescribing medications, coordinating care, and conducting telehealth consultations.

Primary Care and Telehealth Services: BHS operates as a cash-pay practice for professional services. We do not submit claims to health insurance carriers for our professional services. Patients are responsible for payment at the time services are rendered. If a patient chooses to use health insurance for laboratory services ordered in connection with Primary Care services, such billing arrangements are made directly between the patient and the independent laboratory. BHS does not submit insurance claims for professional services.

Discreet STDs Program: The Discreet STDs program operates exclusively as a cash-pay service. Insurance is not accepted or processed for services under this program. Patients pay BHS directly, and BHS manages payment arrangements with contracted laboratories.

BHS may also disclose PHI when required by federal or Florida law, including mandatory reporting of certain communicable diseases, and in response to court orders, subpoenas, or lawful processes.

#### **5. BUSINESS ASSOCIATES**

BHS may contract with third parties including electronic medical record vendors, secure communication platforms, and contracted clinical laboratories. Where required by law, these entities are bound by written Business Associate Agreements and must safeguard PHI in accordance with HIPAA.

#### **6. TELEHEALTH SERVICES**

When services are provided via telehealth, PHI may be transmitted electronically through secure systems. While BHS uses safeguards consistent with HIPAA and Florida law, no method of electronic transmission can be guaranteed to be completely secure. By using telehealth services, you acknowledge the inherent risks associated with electronic communication.

#### **7. AGE REQUIREMENT**

Services provided by Bidart Health Services, LLC, including in-person care, telehealth services, and the Discreet STDs program, are available only to individuals eighteen (18) years of age or older. BHS does not provide services to minors.

## **8. USES AND DISCLOSURES REQUIRING AUTHORIZATION**

Other uses and disclosures of PHI not described in this Notice will be made only with your written or electronic authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent action has already been taken in reliance on it. Electronic authorizations are valid under the federal ESIGN Act and the Florida Electronic Signature Act (§668.50, Florida Statutes).

## **9. YOUR RIGHTS REGARDING YOUR PHI**

Under HIPAA, you have the right to inspect and obtain a copy of your PHI, request amendments, request an accounting of certain disclosures, request restrictions on certain uses or disclosures, request confidential communications, and obtain a paper or electronic copy of this Notice. Requests must be submitted in writing to the Privacy Officer.

## **10. BREACH NOTIFICATION**

In the event of a breach of unsecured PHI, BHS will provide notification to affected individuals as required by HIPAA and applicable Florida law.

## **11. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at [privacy@bidarths.com](mailto:privacy@bidarths.com) or with the U.S. Department of Health and Human Services, Office for Civil Rights. BHS will not retaliate against you for filing a complaint.

## **12. CHANGES TO THIS NOTICE**

BHS reserves the right to change this Notice at any time. Any revised Notice will be posted on our website and will apply to all PHI maintained by BHS.