

## Wellness and Aesthetics, LLC Notice of Privacy Practices (HIPAA)

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996 (HIPAA) IS A FEDERAL PROGRAM THAT REQUIRES THAT ALL MEDICAL RECORDS AND OTHER INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION USED OR DISCLOSED BY US IN ANY FORM, WHETHER ELECTRONICALLY, ON PAPER OR ORALLY, ARE KEPT CONFIDENTIAL. THIS ACT GIVES YOU, THE PATIENT, RIGHTS TO UNDERSTAND AND CONTROL HOW YOUR HEALTH INFORMATION IS USED. AS REQUIRED BY HIPAA, WE HAVE PREPARED THIS EXPLANATION OF HOW WE ARE REQUIRED TO MAINTAIN THE PRIVACY OF YOUR HEALTH INFORMATION AND HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION.

We may use and disclose your medical records only for each of the following purposes:

- Treatment: providing, coordinating, or managing health care and related services by one or more health care providers.
- Payment: obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review.
- Health care operations: this includes the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service.  
We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses of disclosures will be made only with your written authorization.
- You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the practice manager:
  - The right to request restriction of certain uses and disclosures of protected health information including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a request restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
  - The right to reasonable request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
  - The right to inspect and copy your protected health information.
  - The right to request an amendment your protected health information but we may deny the request or amendment.
  - The right to receive an accounting of disclosures of protected health information.

- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provision effective for all protected health information that we maintain. We will post and you may request a written copy of any revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions in this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Date \_\_\_\_\_

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