



Notice of Privacy Practices for Protected Health Information

The Luxe Medical Clinic

THIS NOTICE OUTLINES HOW WE MAY USE AND SHARE YOUR CONFIDENTIAL MEDICAL INFORMATION AND EXPLAINS YOUR RIGHTS REGARDING THAT INFORMATION. PLEASE READ IT CAREFULLY.

1. Our Privacy Duties

We are legally obligated to protect the privacy of your protected health information (PHI). This notice explains our policies and practices for handling your PHI. We are required to follow the terms described in this notice.

2. How We May Use or Disclose Your Health Information

The following describes the different ways we might use and disclose your PHI. We will not use or disclose your PHI for any purpose other than those listed below without your specific written authorization.

A. Routine Healthcare Functions (Treatment, Payment, and Operations)

- Providing Care (Treatment):** Your doctor, nurse, or other clinic staff may access and share your PHI with other healthcare providers or specialists (like a radiologist, specialist, or lab) to ensure you receive coordinated and high-quality medical services, including diagnostic testing and follow-up care.
- Getting Paid (Payment):** We may use your PHI to bill and collect payment from you, your insurance company, or another third party for the services we provide. This includes verifying coverage, determining eligibility for benefits, and submitting claims.
- Running the Clinic (Healthcare Operations):** We may use your PHI for business activities necessary to manage and operate our clinic, such as improving the quality of care, training staff, evaluating the performance of our providers, and handling administrative tasks.



B. Other Permitted Uses and Disclosures

Your information may also be shared in certain situations without your direct consent, including:

- **Appointment Reminders:** We may contact you (via phone, mail, or text) to remind you of appointments or to inform you about test results.
- **Health-Related Benefits and Services:** We may use your PHI to tell you about treatment options or services that may be of interest to you.
- **Disclosures to Friends and Family:** We may share PHI with a family member, friend, or other person you identify if they are involved in your care or payment for care, provided you do not object.
- **Required by Law:** We will disclose PHI when a state or federal law requires it.
- **Public Health Risks:** We may share PHI to prevent or control disease, injury, or disability, or for public health surveillance and reporting.
- **Health Oversight Activities:** We may disclose PHI to agencies authorized by law to conduct audits, investigations, or inspections of the healthcare system.
- **Legal Proceedings:** We may disclose your PHI in response to a court order, subpoena, or other official judicial process.

3. Patient Rights Regarding PHI

You have the right to:

- **Access Your Record:** Inspect and obtain a copy of your medical and billing records.
- **Request Confidential Communication:** Ask that we communicate with you about your health matters in a certain way or at a specific location (e.g., only by mail at a work address).
- **Request Restrictions:** Ask us to limit the use or disclosure of your PHI for treatment, payment, or operations. We are *not* required to agree to all requests, except for certain disclosures to a health plan if you pay out-of-pocket in full.
- **Request Amendments:** Ask us to modify your PHI if you believe it is incomplete or incorrect.
- **Receive an Accounting:** Request a list of certain non-routine times we have disclosed your PHI.
- **Receive a Paper Copy:** Obtain a paper copy of this Privacy Notice upon request.
- **Revoke Authorization:** If you grant us written authorization for any other use or disclosure, you may revoke that authorization at any time in writing.



4. Right to Change This Notice

THE LUXE MEDICAL CLINIC reserves the right to change the terms of this notice at any time. The new notice will apply to all PHI we already have, as well as any information we receive in the future. We will post a revised notice in our facility and on our website.

5. Patient Declaration and Signature

I certify that I have read and understand the terms of this Authorization.

- I recognize that once my PHI is disclosed to the designated recipient, it may no longer be protected by federal HIPAA regulations and could potentially be subject to re-disclosure.
- I confirm that my ability to receive treatment from THE LUXE MEDICAL CLINIC is **not** conditioned upon my signing this Authorization.
- I have the right to cancel this authorization at any time by submitting a written notice to the clinic's records department, understanding that this action will not affect any information already released based on this consent.

SIGNATURE: _____

PATIENT/GUARDIAN'S NAME: _____

DATE: _____