



About Skin Spa's HIPAA Notice of Privacy Practices

This is a notice required by HIPAA (Health Insurance Portability & Accountability Act of 1996) that explains how we at **About Skin Spa** keep your information private. It explains how we utilize, share, & protect your health information. This notice explains your privacy rights. After reviewing this form, sign below to acknowledge that you have received this form. You may contact us at any time if you have questions about this form or wish to have it in writing.

Protected Health Information (PHI) submitted to us via web forms or via email is encrypted during storage & transmission on HIPAA compliant servers & held in strictest confidence. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or receive our services. Any information you send or communicate with us is considered confidential & is specifically restricted by a patient/client provider relationship. You may also request that we communicate with you in an alternative confidential manner. PHI may be used for client treatment(s). PHI may be used in a minimally necessary fashion for payments, billing, & for training of staff. We may receive requests from authorities or government agencies to disclose PHI if necessary to convict a criminal. PHI may be used by government authorities to help avoid or resolve a threat to public health or safety. The Food & Drug Administration may request a PHI regarding product recalls or to report adverse events. PHI may be used as required by law to report cases of abuse or neglect. You have the right to receive a copy of your records from **About Skin Spa**. You have the right to inspect, review, & receive a copy of your treatment records & billing records. You may request to add a correction to your client information.

We may use before & after photos to show treatment benefits to other clients or potential clients. In these cases, we cover identifying body features. We do not provide PHI with any photos. A separate consent will need to be signed by you to allow this. To file a complaint if you think your privacy rights have been violated, you can report it to U.S. Department of Health & Human Services Office for Civil Rights. If any HIPAA terms are unclear, you have the right to have us explain these terms to you at any time.

HIPAA NOTICE OF PRIVACY PRACTICES:

*We request that you sign this form acknowledging you have received, read, reviewed & understood fully the **About Skin Spa's** HIPAA Notice of Privacy Practices. If the client is a minor, the legal guardian is automatically appointed by law to provide/receive protected information on behalf of the client. I will notify **About Skin Spa** of any changes or updates to this record. This acknowledgement will become part of my client records.*

Client Name: _____

Client Signature: _____ Date _____ / _____ / _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____ / _____ / _____

