

# 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. Please review it carefully.

**GILLIE**  
AESTHETICS | DERMATOLOGY

## COMMITTED TO YOUR PRIVACY

We understand that information about you and your health is very personal. We strive to protect our patients' privacy and are required by law to maintain the privacy of our patients' protected health information ("PHI"). We are also required to provide notice of our legal duties and privacy practices with respect to PHI and to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make a new Notice effective for all PHI we maintain. You may view the current notice on our website or by request from our office reception.

## WHO THIS NOTICE APPLIES TO

The terms of this Notice apply to GILLIE Aesthetics and Dermatology Plc. This Notice also applies to the providers, licensed professionals, employees, volunteers, and trainees seeing and treating patients at our office. We are committed to excellence in providing skin care services through the practice of patient care. Below is a description of how your health information will be used and disclosed to advance this mission.

## USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE AN AUTHORIZATION

### TREATMENT

Example, providers, nurses, and other staff members involved in your care will use and disclose your PHI to coordinate your care or to plan a course of treatment for you.

### PAYMENT

Example, we may disclose information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you.

### HEALTH CARE OPERATIONS

Example, we may disclose your PHI for billing or interpreter support. We may use your PHI to conduct an evaluation of the treatment and services provided or to review staff performance. We may disclose your PHI for education and training purposes to providers, nurses, technicians, medical students, residents, fellows and others.

### HEALTH INFORMATION EXCHANGES

We participate in initiatives to facilitate electronic sharing of patient information, including but not

limited to Health Information Exchanges (HIEs). HIEs involve coordinated information sharing among HIE members for purposes of treatment, payment, and health care operations. You may choose to opt out of HIEs and can request this by speaking with our office.

## PERSONS INVOLVED IN YOUR CARE

As long as you do not object, we may, based on our professional judgment, disclose your PHI to a family member or other person if they are involved in your care or paying for your care as per your HIPAA consent form.

## COMMUNICATING WITH YOU

We will use your PHI to communicate with you about multiple aspects of your care including information about appointments, your care, treatment options and other health-related services, payment for your care, and opportunities to participate in trainings. We urge you to sign up for our patient portal to send and receive communications conveniently and securely and to share your preferences for how we contact you. See the email link provided to you for the Healow Patient Portal. We may also contact you at the email, phone number or address that you provide, including via text messages, for these communications. If your contact information changes, it is important that you let us know. Texting and email are not 100% secure. Regarding text messages, please note that message and data rates may apply and you can opt out of text messages by notifying our office.

## BUSINESS ASSOCIATES

At times, we need to disclose your PHI to persons or organizations outside GILLIE Aesthetics and Dermatology Plc who assist us with our payment/billing, prescription activities, and health care operations. We require these business associates to appropriately safeguard your PHI.

## OTHER USES AND DISCLOSURES

We may be permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. Subject to conditions specified by law, we may release your PHI:

- for any purpose required by law
- for public health activities, including required reporting of disease, injury, birth and death, for required public health investigations, and to report adverse events or enable product recalls
- to government agencies if we suspect child/elder adult abuse or neglect. We may also release your PHI to government agencies if we believe you are a victim of abuse, neglect or domestic violence

# 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. Please review it carefully.

**GILLIE**  
AESTHETICS | DERMATOLOGY

- to a government oversight agency conducting audits, investigations, and inspections, etc.
- in emergencies, such as to prevent a serious and imminent threat to a person or the public
- if required by a court or administrative order, subpoena or discovery request
- to coroners, medical examiners and funeral directors
- for national security, intelligence, or protective services activities

## USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BASED ON A SIGNED AUTHORIZATION

Except as outlined above, we will not use or disclose your PHI for other purposes unless you have signed a form authorizing the use or disclosure. You may revoke an authorization in writing, except to the extent we have already relied upon it. In some situations, a signed authorization form is required for uses and disclosures of your PHI, including:

- most uses and disclosures of psychotherapy notes
- uses and disclosures for marketing purposes
- disclosures that constitute the sale of PHI
- uses and disclosures for certain research protocols
- as required by privacy law. The confidentiality of substance use disorder and mental health treatment records as well as HIV-related information maintained by us is specifically protected by state and/or federal law and regulations. Generally, we may not disclose such information unless you consent in writing.

## YOUR RIGHTS

### ACCESS TO YOUR PHI

Generally, you can access and inspect paper or electronic copies of certain PHI that we maintain about you. You may readily access much of your health information without charge using the previously mentioned patient portal. You may also access your information by request from our receptionist. In line with set fees under federal and state law, we may charge you for a copy of your medical records.

### AMENDMENTS TO YOUR PHI

You can request amendments, or changes, to certain PHI that we maintain about you that you think may be incorrect or incomplete. All requests for changes must be in writing, signed by you or your representative, and state the reasons for the request. If we decide to make an amendment, we may also notify others who have copies of the information about the change. Note that even if we accept your request, we may not delete any information already documented in your medical record.

### ACCOUNTING FOR DISCLOSURES OF YOUR PHI

In accordance with applicable law, you can ask for an accounting of certain disclosures made by us of your PHI. This request must be in writing and signed by you or your representative. This does not include disclosures made for purposes of treatment, payment, or health care operations or for certain other limited exceptions. An accounting will include disclosures made in the six years prior to the date of a request.

### RESTRICTIONS ON USE AND DISCLOSURE

You can request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care operations. We are not required to agree but will attempt to accommodate reasonable requests when appropriate.

### RESTRICTIONS ON DISCLOSURE TO HEALTH PLAN

You can request a restriction on certain disclosures of your PHI to your health plan. We are only required to honor such requests when services subject to the request are paid in full. Such requests must be made in writing and identify the services to which the restriction will apply.

### CONFIDENTIAL COMMUNICATIONS

You can request that we communicate with you through alternative means or at alternative locations, and we will accommodate reasonable requests. You must request such confidential communication in writing signed by you or your representative.

### BREACH NOTIFICATION

We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay and no later than 60 days after we discover the breach.

### ADDITIONAL INFORMATION

#### COMPLAINTS

If you believe your privacy rights have been violated, you can file a complaint with GILLIE Aesthetics and Dermatology Plc, 1602 W Northfield Blvd, Suite 300, Murfreesboro, TN 37129 or The Secretary of the U.S. Department of Health and Human Services in Washington D.C. A complaint must be made in writing and will not in any way affect the quality of care we provide you.

### FOR FURTHER INFORMATION:

Contact our office (615) 801-7674.

### EFFECTIVE DATE

This Notice of Privacy Practices is effective August 1, 2023