

Premier Aesthetics, PLLC

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.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This Notice applies to all records of your care generated and maintained by Premier Aesthetics, PLLC. We are required by law to: 1) make sure that medical information that identifies you is kept private; 2) make available to you this Notice of our legal and privacy practices with respect to medical information about you; and 3) follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

- We may disclose medical information about you to doctors, nurses, or other personnel involved in taking care of you. We may also disclose medical information to people outside the medical group, such as family members, specialists or others who are involved in providing services that are part of your care.
- We may use or disclose medical information about you for Premier Aesthetics, PLLC operations. These may include use of information to evaluate the performance of our staff, effectiveness of programs, and ways to improve care and services we offer. These uses, and disclosures are necessary to ensure that all of our patients receive quality care.
- We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or care.
- We may use or disclose medical information to tell you about or recommend possible treatment options or alternatives, and about health-related benefits, services, events and activities that may be of interest to you.
- We may disclose medical information about you to other healthcare providers in the event you need emergency care.
- We may disclose medical information to a public health organization or federal organization when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- We may disclose medical information about you in special situations such as for workers' compensation programs, as required by military command authorities or the Department of Veterans Affairs, in response to a court or administrative order, or for public health activities.
- To cooperate with law enforcement officials for certain law enforcement purposes as directed by a court order, warrant, criminal subpoena, or other lawful process.
- To report abuse or neglect.

- To support health oversight activities that are authorized by law, such as administrative or criminal investigations, inspections, licensure or disciplinary actions and other similar activities necessary for appropriate oversight of government benefit programs or functions.
- When required by a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as required by law.
- When necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, as consistent with applicable law and standards.
- For judicial or administrative proceedings, in response to a valid court order, administrative order, a grand jury subpoena, or with your written consent.
- For research purposes, with your written authorization or as permitted by law.
- Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. You may later revoke this permission in writing at any time.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

- You have the right to review and receive a copy of medical information that may be used to make decisions about your care. Usually this includes medical and billing records. You must submit a written request to review and copy your medical information. There may be a fee to supply the copies.
- You have the right to ask us to amend medical information that you feel is incorrect or incomplete. Your request for an amendment must be in writing and must provide a reason that supports your request. We may deny your request if: 1) it is not supplied in writing with a reason 2) was not created by us 3) not part of the medical record kept by us or for us 4) isn't part of the information you are permitted to inspect and copy or 5) is accurate and complete.
- You have the right to request an "accounting of disclosures". These exceptions are governed by federal health policy law, and include: 1) routine disclosures for treatment, payment & operations conducted pursuant to your signed consent form, 2) disclosures to you. You must submit a written request. The request must state a time period that may not be longer than 6 years and may not include dates before April 14, 2003, when federal health privacy laws became effective.
- You have the right to request restrictions or limitations on the use or disclosure of medical information about you. You must submit a written request for restriction that specifies: 1) what information you want to limit, 2) whether you want to limit our use, disclosure or both, 3) to whom you want the limits to apply. We reserve the right to refuse your restriction if it conflicts with providing you quality healthcare or in an emergency situation.
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, such as only at work or by mail. You must submit a written request for confidential communications restrictions, specifying how or where you wish to be contacted.

- You have the right to possess a copy of this Privacy Notice upon request.
- You have the right to file a complaint if you believe your rights to privacy have been violated. All complaints must be submitted in writing. All complaints will be investigated. No personal issue will be raised for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We will post a copy of the current notice at our clinical site.

Premier Aesthetics, PLLC

CONSENT OF NOTICE OF PRIVACY PRACTICES

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information.

I have been informed by you of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such Notice of Privacy Practices from time to time and contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.