

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how Allureous, LLC Medical Spa & Clinic may use and disclose your protected health/personal information (PHI) to carry out treatment, payment, or healthcare operations (TPO) and for other purposes that are permitted or required by law. It also describes our rights to access and control your protected information. "Protected health/personal information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

1. USES AND DISCLOSURES OF PROTECTED HEALTH/PERSONAL INFORMATION

Your protected health/personal information may be used and disclosed by our medical director, our office staff and others outside of our office that are involved in your care and treatment for providing health care services to you to support business operations of this office, if requested by you to a finance company to pay for your care and any other use required by law.

TREATMENT: We will use and disclose your protected health/personal information to provide, coordinate, or manage your health care, and any other related services. This includes the coordination and management of your health care with a third party. For example, we would disclose your protected health/personal information, as necessary, if, because of our services, you require treatment by a physician. Your protected health/personal information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

PAYMENT: Your protected health/personal information will be used, if requested, to obtain payment for your services. For example, if you desire to finance the costs of your treatments, this may involve disclosing relevant protected private information to obtain approval.

HEALTH CARE OPERATIONS: We may use or disclose, as needed, your protected health/personal information to support business activities of this office. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when we are ready to see you. We may use or disclose your protected health/personal information, as necessary, to contact you to remind you of your appointment. We may also use or disclose your protected health/personal information, as necessary, to contact you for follow-up after your treatment via phone call, e-mail or mail based on your preference.

We may use or disclose your protected health/personal information in the following situations without your authorization. These situations include: as required by law; public health issues, communicable diseases, health oversight, abuse or neglect; Food and Drug Administration requirements; legal proceedings; law enforcement; coroners; funeral directors and organ donation; research; criminal activity and national security; workers' compensation; inmates; required uses and disclosures. Under the law, we must take disclosure to you and, when required by the Secretary of the U.S. Department of Health and Human Services, to investigate or determine our compliance with the requirement of the Standards for Privacy of Individual Identifiable Health Information set forth at 45 C.F.R parts 160 and 164.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES will be made only with your written authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that this office has taken an action in reliance on the use or disclosure indicated in the authorization.

2. YOUR RIGHTS

Following is a statement of your right with respect to your protected health/personal information.

You have the right to inspect and copy your protected health/personal information. Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health/personal information that is subject to law that prohibits access to protected health/personal information.

You have the right to require a restriction of your protected health/personal information. This means you may ask us not to use or disclose any part of your protected health/personal information for treatment, payment, or health care operations. You may also request that any part of your protected health/personal information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request. If our medical director believes it is in your best interest to permit use and disclosure of your protected health/personal information, your protected health/personal information will not be restricted. You then have the right to use another service provider.

You have the right to request to receive confidential communications from us by alternative means. You have the right to obtain a paper copy of this notice from us; upon request, even if you have agreed to accept this notice alternately, i.e., electronically.

You may have the right to amend your protected health/personal information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare for rebuttal to our statement and will provide you a copy of such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your requested health/personal information.

We reserve the right to change the terms of this notice and make the new notice of provisions effective to all protected health information we maintain. We will inform you by mail of any changes. You then have the rights to object or withdraw as provided in this notice.

3. COMPLAINTS

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our HIPAA Compliance Officer of your complaint.

We will not retaliate against you for filing a complaint.

I have read and understand the NOTICE OF PRIVACY PRACTICES

Patient’s Printed Name _____ Date _____

Patient’s Signature _____ Date _____

Practitioner’s Printed Name _____ Date _____

Practitioner’s Signature _____ Date _____