

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED (SHARED WITH OTHERS) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING MEDICAL INFORMATION

aNu Aesthetics and Optimal Wellness understands that medical information about you and your health is personal. We are committed to protecting information about you. In connection with the care you receive from aNu Aesthetics, we create a record of services you receive. We need this record to provide you with quality care and to meet certain legal requirements. This notice describes how we may use and disclose your medical information and the rights that you have.

OUR DUTIES

We provide you with this notice to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are required by HIPAA to:

- maintain the privacy of your medical information as required by law;
- provide you with notice of our legal duties and privacy practices regarding your medical information, and to comply with the terms of the notice; and
- notify you following any improper release or use of your medical information that is not secured according to certain security standards.

WHO WILL FOLLOW THIS NOTICE

aNu Aesthetics and Optimal Wellness providers and all employees will follow this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following list describes different ways that we use and disclose protected medical information that we have and share with others. Except for the listed items below, your permission is not required for us to use or disclose your medical information for the following purposes:

- <u>Treatment:</u> We may use and share your information to provide you with medical treatment and services. Your information may be shared with individuals providing care to you which includes all providers of aNu Aesthetics and Optimal Wellness and any outside medical providers that manage your medical care when required. These individuals need your information to provide care and services.
- Appointment Reminders: We may use your information to contact you in order to provide appointment reminders to you.
- **Required by Law:** We disclose information as required by law.
- **Health oversight Activities:** Your health information may be shared with governmental agencies and boards to do investigations, audits, licensing, and to ensure rules and regulations are followed.
- <u>Sale of Protected Health Information:</u> The sale of your protected health information is not allowed unless you give permission.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we keep about you:

Right to Inspect and Copy: You have the right to inspect and copy your medical record. If we maintain your medical information electronically, you may obtain an electronic copy of the information or ask us to send it to a person or organization that you identify. To inspect and/or copy your medical record you may ask for it in writing to the medical director. If you ask for a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies.

Right to Change: If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to correct the existing information or add the missing information. You must ask for it in writing to the medical director.

<u>Right to receive notice in the event of a breach:</u> aNu Aesthetics and Optimal Wellness will notify you of any unauthorized uses and disclosures of your Protected Health Information.

Right to Confidential Communications: You have the right to ask that letters, emails, SMS and phone calls with you be made at a different physical address, email address or phone number. To ask for private and personal communications, please contact the medical director of aNu Aesthetics and Optimal Wellness in writing. Our office utilizes e-mail, mail, EMR, SMS and/or phone calls to communicate with our patients. If there is any PHI (Protected Health Information) in the email or SMS we send, we can encrypt the email or SMS to protect your information **IF** you opt out of signing this consent below and choose this method of encrypted communication ONLY. You have the ability to send information via email or SMS without encrypting at your discretion with the understanding this information may not be fully protected. You also have the right under the Privacy Rule to request that aNu Aesthetics and Optimal Wellness communicate with you by alternative means.

<u>Right to a Paper Copy of this Notice:</u> You have the right to a paper copy of this notice. To get a paper copy of this notice, ask for a copy from our front desk receptionist.

Medical Photographs: By signing the agreement below, I grant permission to aNu Aesthetics and Optimal Wellness to take medical photographs for the purpose of use in my <u>medical record</u>, <u>training purposes and marketing</u>. I understand that I may revoke this authorization at any time by notifying the medical director in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location. They will be kept as long as they are relevant and after that time destroyed or archived.

OTHER USES OF MEDICAL INFORMATION

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 permission. If you provide us permission to use or share medical information about you, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to keep our records of the care that we provided to you.

CHANGES TO THIS NOTICE

We have the right to change this notice. We also have the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

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If you believe your privacy rights have been violated, you may file a complaint with us.	All complaints must be given
in writing to the medical director.	

Patient's Name (please print)	Patient's Signature	Date