



HIPAA 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.

This Notice of Privacy Practices describes how AesthetiSpa may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI 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. Any information or inquiries acquired via email, phone, fax or office visits is considered confidential information. AesthetiSpa will not disclose your individual indemnity or other personal information without your prior consent, except as required by law.

Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your provider, staff and others outside of our practice that are involved in your care and treatment for the purpose of providing services to you, to support the operation of the practice, payment activities, and as required by law.

- **Treatment** – We may use and disclose your PHI to provide, coordinate and or manage your care and any related services. This includes the coordination and management of your care with a third party. For example, your PHI may be provided to a health care provider to whom you have been referred to ensure they have the necessary information to diagnose or treat you.
- **Health Care Operations** - We may use or disclose, as-needed, your PHI in order to support business activities of the practice. These activities include, but not limited to, quality assessment activities, training activities and business associates. Business associates are required to comply with federal law that regulate your privacy and will use or disclose your PHI only to the extent AesthetiSpa would be able to. We may call you by name in the reception area when your provider is ready to see you and as necessary to contact you via email and/or phone. We do not sell your PHI, nor will we use it for any marketing purposes.
- **Other Disclosures** – We may disclose your PHI to individuals responsible for your care or to a third party to whom you authorize us in writing to disclose your medical information. You may revoke that authorization, in writing, at any time. We may use or disclose your PHI in the following situations without your authorization. These situations include as required by federal, state or local law; public health issues as required by law; governmental agencies, to avert a serious health or safety threat; emergency situations, legal proceedings; law enforcement; or Worker’s Compensation.

Your Rights Regarding Your PHI

- You have the right to request that AesthetiSpa restrict or limit the use and disclosure of your PHI. You must make this request in writing and your request must include: (1) what information you want to limit, (2) to whom you want the limit to apply, (3) special circumstances supporting your request, and (4) if your request impacts payment, how payment will be managed. AesthetiSpa will consider your request but does not have to agree to it.
- You have the right to request a reasonable accommodation regarding how you receive communications of PHI. You have the right to request that AesthetiSpa communicate your PHI to you by a certain method of communication (via email, text, phone) or at a certain location (post office box). You must make this request in writing and your request must include the method and/or location desired.
- You have the right, in most cases, to inspect or copy your PHI maintained by AesthetiSpa. Your request must be made in writing. AesthetiSpa may assess a charge for the cost of preparing, copying, mailing or other supplies needed to fulfill your request. If AesthetiSpa denies your request, AesthetiSpa will provide you with a written explanation of the reason for denial. You have the right to have the denial reviewed by an independent, licensed health care professional selected by AesthetiSpa.
- You have the right to request an amendment to your PHI for as long as the information is kept by or for AesthetiSpa. Your request must be made in writing and your request must include a reason that supports your request. If AesthetiSpa denies your request for an amendment, AesthetiSpa will provide you with a written explanation of the reason for denial.
- You have a right to request an accounting of certain disclosures of your PHI that have been made by AesthetiSpa or its Business Associates. Your request must be made in writing and your request must state the time period during which the disclosures were made. The time period may not include dates more than six years prior to the request. AesthetiSpa may assess a charge for the cost of preparing, copying, mailing or other supplies needed to fulfill your request if you request more than one accounting per 12 months.
- You have the right to complain if you feel your privacy rights have been violated. You may file a complaint with AesthetiSpa or with Department of Health and Human Services. AesthetiSpa will not penalize you or retaliate against you in any way if you file a complaint
- You have the right to request a paper copy of this notice, even if you have received it electronically. You may make your request at any time at AesthetiSpa or by visiting our website at www.aesthetispa.com.

To exercise any of your rights as outlined within this policy you may submit your written request to:

AesthetiSpa, Inc.

710 Johnnie Dodds Blvd., Suite 101

Mount Pleasant, SC 29464

Attn: Practice Manager