



Notice of Privacy Practices

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

Each time you visit a doctor, hospital, pharmacist or any other person that provides your health care services, a record of your visit is made. Typically, this record contains information about you, such as reasons why you are seeking medical care, a plan for future care and billing information. *Center for Modern Aesthetic Medicine* (the "Practice") (sometimes referred to as, "we", "our", or "us") understands that this information, often referred to as your "medical information" or "health information", is personal.

The Practice is required by law to maintain the privacy of your health information, and to provide you with a notice of our legal duties and privacy practices with respect to such information. This Notice of Privacy Practices ("Notice") describes your legal rights, advises you of our privacy practices, and lets you know how the Practice is permitted to use and disclose your health information. We will provide you with a copy of the current Notice the first time you receive services from the practice. We will also visibly post a copy of the current Notice in our office. The Practice is required to abide by the terms of the Notice currently in effect. In most situations, we may use this information as described in this Notice without your permission (known as an "authorization"), but there are some situations where we may use it only after we obtain your written authorization, if law requires that we do so.

The Practice reserves the right to change our privacy practices and revise our Notice. Such changes will be effective immediately and will apply to all health information that we maintain. The Notice will contain the effective date on the first page. If we have already provided you with a copy of the Notice, and later our privacy practices change and we revise our Notice, you may obtain a copy of the revised Notice by asking for a copy of the current Notice to take home with you the next time you visit or receive health care services from the Practice, or by contacting 904-772-5828, and/or submitting your request in writing to our Privacy Officer at the address noted above.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we may use and disclose your health information, as well as includes some examples to explain such uses and disclosures. Not every use or disclosure in a category will be listed.

For Treatment. We may use and disclose your health information to provide, coordinate and manage the services, supports, and healthcare you receive from us and other providers. We may disclose your healthcare providers who are involved in supporting you or providing care. We may share your health information with other healthcare providers when we consult with them about your care.

For Health Care Operations. We may use and disclose your health information as necessary for us to operate the Practice and to maintain the quality of services that we provide to our patients. There are also some circumstances that we are permitted to disclose your health information to and another healthcare provider (such as another physician to which we refer you to) for his or her own health care operations.

Business Associates. We may disclose your health information to certain individuals and companies that we contract with (our "Business associates") so that they can perform the job we have asked them to do. For example, we may contract with a billing company to assist us with the billing insurance companies and third-party payers so that we can be paid for the services that we provide to you.

Appointment Reminders, Treatment and Service Alternatives and Health Related Benefits and Services. We may use and disclose your health information to contact you to remind you have a scheduled appointment or to contact you about treatment and service

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alternatives or health related benefits and services that may be of interest to you. For example, we may mail you an appointment card, email you a reminder, leave a message on your answering machine, or text message your cell phone to remind you about an appointment.

Marketing communications. We may use and disclose your health information and to tell you about a product or service to encourage you to purchase the product or service. We will not, however, sell or distribute your health information to third parties who do not have a relationship with us unless we have obtained an authorization from you.

Disclosures to family and others. We may disclose your health information to one of your family members, relatives or close personal friends, or to any other person identified by you, but we will only disclose information which we feel is relevant to that person's involvement in your care. We will follow your directions as to who is sufficiently involved in your care to receive information. If you are not present or cannot make these decisions, we will make a decision based on our experience as to whether it is in your best interest for a family member or friend to receive information about you and how much information they should receive. If there is a family member, other relative, or close personal friend that you do not want us to disclose your health information to, please notify the staff that assists you. We may disclose your health information into an entity assisting in disaster relief efforts (for example, the American Red Cross) so your family can be notified about your condition, status, and location in an emergency.

Required by law. We will disclose your health information when we are required to do so by federal, state, or local law. For instance, we are obligated to report suspected child abuse to the proper authorities.

Other uses and disclosures. We may also disclose your health information for public health activities and purposes, to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, for health oversight activities, as ordered by a court or administrative tribunal, to officials, for research activities, to avert serious threat to health or safety, for specified government functions, and to comply with laws relating to Worker's Compensation. We may release information about a deceased person to a coroner or medical examiner to identify the person, determine the cause of death, or perform other duties recognized by law. We may also release a deceased person's health information to funeral directors as necessary to carry out their duties. If you are an organ donor, we may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, for transplantation of organs, eyes, or tissue.

Uses and disclosures requiring your written permission. Other uses and disclosures of your health information not covered by this Notice for the laws that apply to us will be made only with your specific written permission (sometimes known as an "authorization"). If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records on the care that we provided to you.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

Although your health record is the physical property of the Practice, the information contained in the record belongs to you. The following describes your rights with respect to your health information that we maintain.

Right to request restrictions. You have the right to request that we restrict the uses or disclosures of your health information that we may make it to carry out treatment, payment, or healthcare operations. You also have the right to request that we restrict the uses or disclosures we make to a family member, other relative, a close personal friend, or any other person identified by you. To request a restriction, you should submit your request in writing to our Privacy Officer at the address noted below and tell us: (a) what information you want to limit, (b) whether you want to limit use or disclosure, or both, (c) to whom you want the limits to apply (for example, disclosures to your spouse). We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, you can let us know later that you do not want us to continue to comply with your request.

Right to receive confidential communications. You have the right to request that we communicate your health information to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you're asking for the confidential communication. If you want to request confidential communication, you must

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do so in writing our Privacy Officer at the address noted below. Your request must state how and where you can be contacted. We will use our best efforts to accommodate all reasonable requests. However, we may, if necessary, require information from you concerning how payments will be handled. We also may require an alternate address or other method to contact you.

Right to inspect and copy. With a few very limited exceptions, you have the right to inspect and obtain a copy of your medical records that we maintain. To inspect or copy this information, you must submit your request in writing to our Privacy Officer at the address noted below. Your request should state specifically what information in the medical record you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that emailed to you, the cost of mailing. We may deny a request to inspect and copy your medical record inserts in very limited circumstances. In some instances, if you are denied access to your medical records, you may request that the denial be reviewed. Another licensed healthcare professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to amend. You have the right to request an amendment (correction) to your health record if you feel that the information we have about you is incorrect or incomplete. To request an amendment, you must submit your request in writing to our Privacy Officer at the address noted below. In addition, you must provide a reason that supports your request. Although you are permitted to request that we amend your health information, we may deny your request if it is not in writing more does not include a reason to support your requests. In addition, we may deny your request if you ask us to amend information that is accurate and complete.

Right to an accounting of disclosures. You have the right to receive a list of the disclosures of your health information that we have made, with some exceptions. To request this list, you must submit your request in writing to our Privacy Officer at the address noted below. Your request must state a time period, which may not be longer than six years and may not include date before April 14, 2003. The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list.

Right to copy of this Notice. You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you are agreed to receive the notice electronically. You may request a copy of our current Notice of Privacy Practices at any time by (1) asking for a copy of the Notice to take home with you the next time you visit or receive Healthcare Services at our facility, (2) contacting 904-772-5828, or (3) submitting your request in writing to *Center for Modern Aesthetic Medicine, 1478 Riverplace Blvd, Suite 110, Jacksonville, FL 32207*

Complaints. If you believe your privacy rights have been violated, you can file a complaint with us and with the Secretary of the US Department of Health and Human Services. To file a written complaint with us, please submit in writing to *Center for Modern Aesthetic Medicine, 1478 Riverplace Blvd, Suite 110, Jacksonville, FL 32207*

To file a complaint with the Secretary of the US Department of Health and Human Services, send your complaint to him or her in care of the US Department of Health and Human Services-Office for Civil Rights.

Questions and information. If you have any questions or want more information concerning this notice of privacy practices, please contact *Center for Modern Aesthetic Medicine, 1478 Riverplace Blvd, Suite 110, Jacksonville, FL 32207*

Print Name _____

Patient (Or Patient's Legal Representative) Signature _____

Date _____

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