

Laser and Skin Care Medical Spa PLLC.
5540 Munford Rd, Suite 101 Raleigh, NC 27612
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.

About Us

In this Notice, we use terms like "we," "us" or "our" to refer to Laser and Skin Care Medical Spa, its physician, employees, staff and other personnel. All of the sites and locations of LASER & SKIN CARE MEDICAL SPA PLLC. follow the terms of this Notice and may share health information with each other for treatment, payment or health care operations purposes as described in this Notice.

Purpose of this Notice

This Notice describes how we may use and disclose your health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

Our Responsibilities

We are required by law to maintain the privacy of your health information and provide you notice of our legal duties and privacy practices with respect to your health information. We will abide by the terms of this Notice.

How We May Use or Disclose Your Health Information

The following categories describe examples of the way we use and disclose health information:

For Treatment: We may disclose your health information to your physician or another healthcare providers be sure those parties have all the information necessary to diagnose and treat you.

For Payment We may use and disclose your health information to others so they will pay as or reimburse you for your treatment. For example, a bill may be sent to you, your insurance company or a third-party payee. The bill may contain information that identifies you, your ailments, and treatment or supplies used in the course of treatment

We may share your health information with pharmaceutical company patient assistance programs and patient support organizations in order to assist you in obtaining payment for your care or payment for certain parts of your care.

For Health Care Operations: We may use and disclose your health information in order to support our business activities. For example, we may use your health information for quality assessment activities, training of medical students, necessary credentialing and for other essential activities.

We may ask you to sign your name to a sign-in sheet at the registration desk and we may call your name in the waiting room when we call you for your appointment.

We may disclose your health information to a third party that performs services, such as billing and collections, on our behalf. In these cases, we will enter into a written agreement with the third party to ensure they protect the privacy of your health information.

Appointment Reminders: We may use and disclose your health information in order to contact you and remind you of an upcoming appointment for treatment or health care services.

Treatment Alternatives and Health-Related Benefits and Services: We may use your health information to inform you of services or programs that we believe would be beneficial to you. We may call, mail or email you information about these services or goods. For example, we may contact you to make you aware of new products, supply product information, or new patient assistance programs that may be available to you.

Individuals Involved in Your Care or Payment for Your Care We may release your health information, including information about your conditions, to a family member or friend who is involved in your medical care or who helps pay for your care. If you would like us to refrain from releasing your health information to a family member or friend, please notify LASER & SKIN CARE MEDICAL SPA PLLC. We may also disclose your health information to disaster-relief organizations so that your family can be notified about your condition, status or location.

We are also allowed by law to use and disclose your health information without your authorization for the following purposes:
As Required by Law: We may use and disclose your health information when required to do so by federal, state or local law.

Judicial and Administrative Proceedings: If you are involved in a legal proceeding, we may disclose your health information in response to a court or administrative order. We may also release your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Health Oversight Activities: We may use and disclose your health information to health oversight agencies for activities authorized by law. These oversight activities are necessary for the government to monitor the healthcare system; government benefit programs, compliance with government regulatory programs, and compliance with civil rights laws.

Law Enforcement We may disclose your health information, within limitations, to law enforcement officials for several different purposes:

- o To comply with a court order, warrant, subpoena, summons, or other similar Process;
- o To identify or locate a suspect, fugitive, material witness, or missing person;
- o About the victim of a crime, if unable to obtain the victim's agreement;
- o About a death we suspect may have resulted from criminal conduct;
- o About criminal conduct we believe in good faith to have occurred on our premises; and
- o To report a crime, the location of a crime, and the identity, description and location of the individual who committed the crime, in an emergency situation.

Public Health Activities: We may use and disclose your health information for public health activities, including the following

- o To prevent or control disease, injury, or disability;
- o To report births or deaths;
- o To report child abuse or neglect;
- o To report adverse events, product defects or problems;
- o To track FDA-regulated products;
- o To notify people and enable product recalls; and
- o To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.

Serious Threat to Health or Safety: If there is a serious threat to your health and safety or the health and safety of the public or another person, we may use and disclose your health information to someone able to help prevent the threat.

Your Rights Regarding Your Health Information

Right to Request Restrictions: You have the right to request restrictions on how we use and disclose your health information for treatment, payment or healthcare operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing and submit it to LASER & SKIN CARE MEDICAL SPA PLLC, 5540 Munford Rd, Suite 101 Raleigh, NC 27612

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain manner or at a certain location regarding the services you receive from us. For example, you may ask that we only contact you at work or only by mail. To request confidential communications, you must make your request in writing and submit it to LASER & SKIN CARE MEDICAL SPA PLLC, 5540 Munford Rd, Suite 101 Raleigh, NC 27612

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or information that is compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceedings. To inspect and copy your health information, you must make your request in writing by filling out the appropriate form provided by us and submitting it to LASER & SKIN CARE MEDICAL SPA PLLC, 5540 Munford Rd, Suite 101 Raleigh, NC 27612. If you request a copy of your health information, we may charge a fee for the costs of copying, mailing or preparing the requested documents. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by a licensed health care professional chosen by us. 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: If you feel that your health information is incorrect or incomplete, you may request that we amend your information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, you must make your request in writing by filling out the appropriate form provided by us and submitting it to LASER & SKIN CARE MEDICAL SPA PLLC, 5540 Munford Rd, Suite 101 Raleigh, NC 27612. We may deny your request for an amendment. If this occurs, you will be notified of the reason for the denial and given the opportunity to file a written statement of disagreement with us.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures we make of your health information. Please note that certain disclosures, such as those made for treatment, payment or health care operations, need not be included in the accounting we provide to you. To request an accounting of disclosures, you must make your request in writing by filling out the appropriate form provided by us and submitting it to LASER & SKIN CARE MEDICAL SPA PLLC 5540 Munford Rd, Suite 101 Raleigh, NC 27612. Your request must state a time period which may not be longer than six years, and which may not include dates before April 14, 2003. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact Aesthetics By Eileen LASER & SKIN CARE MEDICAL SPA, 5540 Munford Rd, Suite 101 Raleigh, NC 27612

Right to Complain: If you have any questions about this Notice or would like to file a complaint about our privacy practices, please direct your inquiries to LASER & SKIN CARE MEDICAL SPA PLLC, 5540 Munford Rd, Suite 101 Raleigh, NC 27612
Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing a complaint.