

M D AESTHETICS AND DERMATOLOGY, LLC

Notice of Privacy Practices

THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION OR "PHI" IS IMPORTANT TO US. THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR PHI, YOUR RIGHTS REGARDING YOUR PHI, AND HOW YOU MAY ACCESS YOUR PHI. PLEASE REVIEW IT CAREFULLY. WE HAVE THE RIGHT TO CHANGE AND UPDATE THIS NOTICE.

Uses and Disclosures. The following categories describe different ways that we may use and disclose your PHI without your authorization.

Treatment. We may use your PHI to provide you with health care treatment or services. We may disclose your PHI to other doctors, nurses, technicians, health students, other staff members, or other personnel who are involved in taking care of you. For example, results of laboratory tests and procedures will be available in your medical records to all health professionals who may provide treatment or who may be consulted by staff members. We also may use your PHI to send you information on the treatment and management of your medical condition and health-related products and services.

Payment. We may use and disclose your PHI so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company or a third party. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations. We may use and disclose your PHI for operations of our practice. Your PHI may be used and disclosed as necessary to support the day-to-day activities and management of our practice and sending appointment reminders.

Family and Friends. We may disclose your PHI to family, friends, and others who are involved in your care or payment of your care, unless you tell us not to. *If you want us to refrain from releasing your PHI to a family member or friend, please notify our HIPAA Compliance Officer in writing.*

Business Associates. We may disclose PHI to our business associates that provide functions on our behalf or provide us with services if the PHI is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your PHI and are not allowed to use or disclose PHI other than is specified in our contract.

Additional Uses and Disclosures Law Enforcement. Your PHI may be disclosed to law enforcement agencies to support law enforcement purposes, to facilitate law-enforcement investigations, and/or to comply with a court order, subpoena, warrant, summons, or similar process.

Public Health Reporting. Your PHI may be disclosed for public health reasons in order to prevent or control disease, injury or disability or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products. For example, we are required to report certain communicable diseases to the state's public health department.

Health Oversight Committees. We may disclose your PHI to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs and compliance with civil laws.

As Required by Law. We will use and disclose your PHI when we are required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use or disclose your PHI, when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Research. We may use and disclose your PHI for the purpose of research projects. We will ask your permission if the researcher will have access to your name, address or other information that reveals who you are or will be involved in your care at the office.

Organ and Tissue Donation. If you are an organ donor, we may release your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary, to facilitate such donation and transplantation.

Military and Veterans. If you are a member of the armed forces or separated/discharged from military services, we may release your PHI as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release PHI about foreign military personnel to the appropriate foreign military authorities.

Workers' Compensation. We may release your PHI as authorized by, and in compliance with, laws related to workers' compensation and similar programs established by law that provide benefits for work-related illnesses and injuries.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI 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.

Coroners, Medical Examiners, and Funeral Directors. We may disclose your PHI to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose your PHI to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may disclose your PHI to authorized federal officials for intelligence, counter-intelligence, or other national security activities authorized by law, or for the purpose of providing protective services to the President or foreign heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official. This release would be necessary (a) for the institution to provide you with health care; (b) protect your health and the safety of others; or (c) for the safety and security of the correctional institution.

Other Uses and Disclosures Require Your Authorization. Disclosure of your PHI or its use for any purpose other than those listed in this notice requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected PHI.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected PHI.
- The right to amend or submit corrections to your protected PHI.
- The right to receive an accounting of how and to whom your protected PHI has been disclosed.
- The right to receive a printed copy of this notice.

Please provide any request for inspection or a request to restrict or limit our use or disclosure of your PHI in writing describing the request and addressed to our HIPAA Compliance Officer. However, we may deny your request for certain specific reasons. If your request is denied, we will provide you with a written explanation for the denial and give you additional information about your rights.

Our Duties. We are required by law to maintain the privacy of your protected PHI and to provide you with this Notice of Privacy Practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Our Right to Revise Privacy Practices. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected PHI we maintain.

Request to Inspect Protected PHI. You may generally inspect or copy the protected PHI that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected PHI be submitted in writing. You may obtain a form to request access to your records by contacting our HIPAA Privacy Officer. Your request will be reviewed and will generally be approved, unless there are legal or medical reasons to deny the request.

Complaints. If you would like to submit a comment or complaint about our privacy practices or want further information concerning our privacy practices, you can do so by contacting our HIPAA Compliance Officer:

HIPAA Compliance Officer
M.D. Aesthetics and Dermatology, LLC
1021 W. Adams St., LL #1
Chicago, IL 60607

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You can also file a complaint with the Department of Health and Human Services. You will not be penalized for filing a complaint.

Effective Date

This notice is effective on or after 02/1/2018

By signing this Notice of Privacy Practices for M.D. Aesthetics and Dermatology, LLC, you acknowledge that you have received, read and understand this Notice.

(Signature)

(Print Name)

Date: _____