



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION.**

If you have any questions about this Notice of Privacy Practices ('Notice'), please contact of office:

Privacy Officer: Practice Manager Phone Number: 770-755-1505

Section A: Who Will Follow This Notice?

This Notice describes LifeHope Healing Med Spa (hereafter referred to as 'Provider') Privacy Practices and that of:

Any workforce member authorized to create medical information referred to as Protected Health Information (PHI) which may be used for purposes such as Treatment, Payment and Healthcare Operations.

These workforce members may include:

- All departments and units of the Provider.
- Any member of a volunteer group.
- All employees, staff, and other Provider personnel.
- Any entity providing services under the Provider's direction and control will follow the terms of this notice.

In addition, these entities, sites, and locations may share medical information with each other for ***Treatment, Payment or Healthcare Operational*** purposes described in this Notice.

Section B: Our Pledge Regarding Medical Information

LifeHope Healing Med Spa understands that medical information about you and your health is personal. LifeHope Healing Med Spa is dedicated to protecting your medical information about. LifeHope Healing Med Spa creates a record of the care and services you receive at the Provider. LifeHope Healing Med Spa needs this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records regarding your care generated or maintained by the Provider, whether made by Provider personnel or your personal doctor. This Notice will describe the ways in which we may use and disclose your medical information. LifeHope Healing Med Spa describes your rights and certain obligations regarding the use and disclosure of medical information.

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LifeHope Healing Med Spa is required by law to:

- Make sure that medical information that identifies you remains private.
- Provide this Notice of our legal duties and privacy practices with respect to your medical information.
- Follow the terms of the Notice that is currently in effect.

Section C: How LifeHope Healing Med Spa may use and disclose your medical information.

The following categories describe different ways that we use and disclose medical information.

For each category of uses or disclosures we will explain what is meant and provide examples when applicable. Not every use or disclosure in a category will be listed. However, all the ways permitted to use and disclose information will fall within one of the categories.

• **Treatment.** LifeHope Healing Med Spa may use your medical information to provide you with medical treatment or services. We may disclose your medical information to your doctors, nurses, technicians, or other Provider personnel who are involved in your care at the Provider. Different departments of the Provider may share your medical information to coordinate different items, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to individuals outside the Provider who may be involved in your medical care after you leave the Provider.

• **Payment.** LifeHope Healing Med Spa may use and disclose your medical information so that the treatment and services you receive at the Provider may be billed and payment may be collected by you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the Provider so your health plan will pay Provider or reimburse you for the procedure. We may also inform your health plan regarding a prescribed treatment to obtain prior approval or to determine coverage for the treatment.

• **Healthcare Operations.** LifeHope Healing Med Spa may use and disclose your medical information for Provider operations. These uses and disclosures are necessary to run the Provider and verify that all of our patients receive quality care.

For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information regarding multiple Provider patients to select additional services the Provider should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, and other Provider personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Providers to compare how we are doing and determine where improvements should be made in the care and services LifeHope Healing Med Spa offers. Personal identifiers

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may be removed from this set of medical information so others may use it to study health care and health care delivery without providing a patient's identity.

- **Appointment Reminders.** LifeHope Healing Med Spa may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Provider.

- **Treatment Alternatives.** LifeHope Healing Med Spa may use and disclose medical information to recommend possible treatment options or alternatives that may be of interest to you.

- **Health-Related Benefits and Services.** LifeHope Healing Med Spa may use and disclose medical information to inform you about health-related benefits or services that may be of interest to you.

- **Authorizations Required.** LifeHope Healing Med Spa will never use your protected health information for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization; this includes uses of your PHI for marketing or sales activities.

- **Emergencies.** LifeHope Healing Med Spa may use or disclose your medical information should you need emergency treatment, or if we are required by law to treat you but are unable to obtain your consent. Should this occur, we will obtain your consent as soon as reasonably able following treatment.

- **Psychotherapy Notes.** Psychotherapy notes are accorded strict protections under several laws and regulations. Therefore, we will disclose psychotherapy notes only upon your written authorization with limited exceptions.

- **Communication Barriers.** LifeHope Healing Med Spa may use and disclose your health information if we are unable to obtain your consent, due to substantial communication barriers, and it is believed that you would elect treatment if clear communication was an option.

- **Provider Directory.** LifeHope Healing Med Spa may include certain limited information about you in the Provider directory while you are a patient at the Provider. This information may include your name, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This allows your family, friends, and clergy to visit you in the Provider and generally know how you are doing.

• **Individuals Involved in Your Care or Payment for Your Care.** LifeHope Healing Med Spa may release medical information about you to a friend or family member who is involved in your medical care and may also provide information to individual who helps pay for your care, unless you object in writing and ask us not to provide this information to specific individuals. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

• **As Required By Law.** LifeHope Healing Med Spa will disclose medical information about you when required to do so by federal, state or local law.

• **To Avert a Serious Threat to Health or Safety.** LifeHope Healing Med Spa may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be provided to an individual or entity able to help prevent the threat.

• **E-mail Use.** E-mail will only be used following this Organization's current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged.

Section D: Special Situations

• **Organ and Tissue Donation.** If you are an organ donor, LifeHope Healing Med Spa may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

• **Military and Veterans.** If you are a member of the armed forces, LifeHope Healing Med Spa may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

• **Workers' Compensation.** LifeHope Healing Med Spa may release medical information about you for workers' compensation or similar programs.

• **Public Health Risks.** LifeHope Healing Med Spa may disclose medical information for public health activities. These activities generally include the following:

- o to prevent or control disease, injury, or disability.
- o to report births and deaths.
- o to report child abuse or neglect.

- o to report reactions to medications or problems with products.
- o to notify individuals of recalls of products they may be using.
- o to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- o to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

We will only make this disclosure should you agree or when required or authorized by law.

• **Health Oversight Activities.** LifeHope Healing Med Spa may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

• **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, LifeHope Healing Med Spa may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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 inform you about the request or to obtain an order protecting the information requested.

• **Law Enforcement.** LifeHope Healing Med Spa may release medical information if asked to do so by a law enforcement official:

- o in response to a court order, subpoena, warrant, summons or similar process; o to identify or locate a suspect, fugitive, material witness, or missing person.
- o about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- o about a death we believe may be the result of criminal conduct.
- o about criminal conduct at the Provider; and
- o in emergency circumstances, to report a crime; the location of the crime, victims, or the identity, description or location of the person who committed the crime.

• **Coroners, Medical Examiners and Funeral Directors.** LifeHope Healing Med Spa may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Provider to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities.** LifeHope Healing Med Spa may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** LifeHope Healing Med Spa may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Section E: Your Rights Regarding Medical Information About You - You have the following rights regarding medical information maintained about you:

- **Right to Access, Inspect and Copy.** You have the right to access, inspect and copy the medical information that may be used to make decisions about your care, with a few exceptions. Usually, this includes medical and billing records, but may not include psychotherapy notes. If you request a copy of the information, there may be a charge/ fee for the costs of copying, mailing or other supplies associated with your request.
- **We may deny your request to inspect and copy medical information in certain very limited circumstances.** If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Provider will review your request and the denial. The person conducting the review will not be the person who denied your request. LifeHope Healing Med Spa will comply with the outcome of the review.
- **Right to Amend.** If you feel that medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Provider. In addition, you must provide a reason that supports your request.
- **We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.** In addition, we may deny your request if you ask us to amend information that:

- o Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

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- o Is not part of the medical information kept by or for the Provider.
- o Is not part of the information which you would be permitted to inspect and copy; or
- o Is accurate and complete.

• **Right to an Accounting of Disclosures.** You have the right to request an ‘Accounting of Disclosures’. This is a list of the disclosures LifeHope Healing Med Spa created regarding your medical information. Your request must state a period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you request the accounting (for example, on paper or electronically, if available). The first accounting you request within a 12-month period will be complimentary.

• **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment or healthcare operations. You also have the right to request a limit on the medical information we disclose to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. In your request, you must tell us what information you wish to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply (for example, disclosures to your spouse). We are not required to agree to these types of request. We will not comply with any requests to restrict use or access of your medical information for treatment purposes. You also have the right to restrict use and disclosure of your medical information regarding a service or item for which you have paid out of pocket, for payment (i.e. health plans) and operational (but not treatment) purposes, if you have completely paid your bill for this item or service. We will not accept your request for this type of restriction until you have completely paid your bill (zero balance) for this item or service. We are not required to notify other healthcare providers of these restrictions, that is your responsibility.

• **Right to Receive Notice of a Breach.** LifeHope Healing Med Spa are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users.

The notice is required to include the following information: o a brief description of the breach, including the date of the breach and the date of its discovery, if known; o a description of the type of Unsecured Protected Health Information involved in the breach.

- Steps you should take to protect yourself from potential harm resulting from the breach; o a brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches; o contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional Information. In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our website or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

• **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or hard copy or e-mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

• **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask for a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at our website; www.lifehopehealingmedpspa.com

To exercise the above rights, please contact the individual listed at the top of this Notice to obtain a copy of the relevant form you will need to complete to make your request.

Section F: Changes to This Notice We reserve the right to change this Notice.

We reserve 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. We will post a copy of the current Notice. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the Provider for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

Section G: Complaints If you believe your privacy rights have been violated.

You may file a complaint with the Provider or with the Secretary of the Department of Health and Human Services;

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

To file a complaint with the Provider, contact the individual listed on the first page of this Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Section H: 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 disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke 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 retain our records of the care that we provided to you.

Section I: Organized Healthcare Arrangement

The Provider, the independent contractor members of its Medical Staff (including your physician), and other healthcare providers affiliated with the Provider have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your healthcare needs. Revision Date: March 03, 2013, to be compliant with HIPAA Omnibus Privacy Rules. Original Effective Date: April 14, 2003.