

SkinReMEDI, LLC

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 is effective October 22, 2019.

A. **Permitted Disclosures of PHI.** We may disclose your PHI for the following reasons:

1. **Treatment.** We may disclose your PHI (i) to a physician or other health care provider providing treatment to you (and may obtain PHI from other providers for treatment purposes as allowed by law), (ii) to bill and collect payment for the services we provide to you, (iii) in connection with our health care operations.
3. **Emergency Treatment.** We may disclose your PHI if you require emergency treatment or are unable to communicate with us.
4. **Family and Friends.** We may disclose your PHI to a family member, friend or any other person who you identify as being involved with your care or payment for care, unless you object.
5. **Required by Law.** We may disclose your PHI for law enforcement purposes as allowed by state or federal law.
6. **Public Health.** We may disclose your PHI to public health or other authorities charged with preventing or controlling disease, injury or disability, or charged with collecting public health data.
7. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include audits; civil, administrative or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities necessary for oversight of the health care system, government programs and compliance with civil rights laws.

B. **Disclosures Requiring Written Authorization.**

1. **Not Otherwise Permitted.** In any other situation not described in Section A above, we may not disclose your PHI without your written authorization.
2. **Marketing and Sale of PHI.** We must receive your written authorization for any disclosure of PHI for marketing purposes or for any disclosure which is a sale of PHI.

C. **Your Rights.**

1. **Right to Receive a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice upon request.

2. **Right to Access PHI.** You have the right to inspect and copy your PHI for as long as we maintain your medical record. You must make a written request for access to the Privacy Officer at the address listed at the end of this Notice. We may charge you a reasonable fee for the processing of your request and the copying of your medical record. In certain circumstances we may deny your request to access your PHI, and you may request that we reconsider our denial. Depending on the reason for the denial, another licensed health care professional chosen by us may review your request and the denial.
 3. **Right to Request Restrictions.** You have the right to request a restriction on the use or disclosure of your PHI for the purpose of treatment, payment or health care operations, except for in the case of an emergency. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of your care. However, we are not legally required to agree to such a restriction.
 4. **Right to Request Amendment.** You have the right to request that we amend your PHI if you believe it is incorrect or incomplete, for as long as we maintain your medical record. We may deny your request to amend if (a) we did not create the PHI, (b) is not information that we maintain, (c) is not information that you are permitted to inspect or copy (such as psychotherapy notes), or (d) we determine that the PHI is accurate and complete.
 5. **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of PHI made by us (other than those made for treatment, payment or health care operations purposes) during the 6 years prior to the date of your request. You must make a written request for an accounting, specifying the time period for the accounting, to the address listed at the end of this Notice.
 6. **Right to Confidential Communications.** You have the right to request that we communicate with you about your PHI by certain means or at certain locations.
 7. **Right to Notice of Breach.** You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured PHI.
- D. **Changes to this Notice.** We reserve the right to change this Notice at any time in accordance with applicable law. Prior to a substantial change to this Notice related to the uses or disclosures of your PHI, your rights or our duties, we will revise and distribute this Notice.
- E. **Acknowledgment of Receipt of Notice.** We will ask you to sign an acknowledgment that you received this Notice.
- F. **Questions and Complaints.** If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to you PHI, you may complain to us by contacting the Privacy Compliance Officer at the address and phone number at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request.

G. **Direct Contact with You.** We may use your PHI to contact you to remind you that you have an appointment, or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. Please direct any of your questions or complaints to: Celia Tully, Privacy Compliance Officer, SkinReMEDI, LLC, 1123 Zonolite Road, Suite 18, Atlanta, GA 30306, or 404-874-9516.