



NOTICE OF HIPAA COMPLIANCE

HIPAA:

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. **This form is a condensed version of the policy; a complete version can be provided to you at your request prior to signing.**

What this entails: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with treatment services. HIPAA provides certain rights and protections to you as the patient.

Additional information is available from the U.S. Department of Health and Human Services at: www.hhs.gov

Beauty Luxe, LLC has adopted the following policies in accordance with HIPAA:

- 1.** Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care.
- 2.** It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
- 3.** The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
- 4.** You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
- 5.** You agree to bring any concerns or complaints regarding privacy to the attention of the service provider, office manager, or overseeing physician.
- 6.** Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
- 7.** We agree to provide patients with access to their records in accordance with state and federal laws.
- 8.** We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.
- 9.** You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.
- 10.** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your treatment provider will attempt to obtain your acknowledgment of this notice as soon as reasonably practicable after the delivery of treatment.
- 11.** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- 12.** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court order or administrative order. We may also disclose protected health 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 tell you about the request or to obtain an order protecting the information requested.