



PRIVACY NOTICE AND AUTHORIZATION

As you are no doubt aware, major changes in Federal privacy requirements — the HIPAA privacy regulations obligate most physician practices to provide notice about privacy rights and detailed policies designed to protect your privacy. These requirements were put into place because increased patient information is being shared in digital format over computer networks.

Skin Bar MedSpa is committed to protecting patient confidentiality. You should understand the following with regard to how we treat your personal health information.

- 1) When you register as a new patient, you will be asked to sign an authorization, also provided below, that includes a release of information that allows us to request and obtain records from practitioners that you have seen for the purpose of assisting us in your treatment. If you desire records to be sent to a health provider you have not yet seen, a family member, an attorney, or other party outside of this list, you must first sign a release of information form before we can forward your information. You may be subject to fees.
- 2) We cannot release information to family members, other than parents or legal guardians, even if they are involved in your care, without your written permission.
- 3) In order to assure quality of care, Skin Bar MedSpa records are occasionally reviewed both internally and by outside consultants in legal, clinical, and other concerns that affect the quality of services we provide. Only necessary information is accessed, and any such review is by a professional staff working under the condition of confidentiality.
- 4) If you wish to limit the nature of information that is released, or the parties noted above to whom information may be provided, please ask to meet with a Skin Bar MedSpa privacy coordinator to discuss limitations. In some instances, Skin Bar MedSpa may not be in a legal position to honor requested limitations.
- 5) We may be required by law, in some cases, to make disclosure of your record that you have not authorized. Examples are subpoenas in criminal or civil litigation, or requests/surveys by licensure agencies of the US Department of Health and Human Services.
- 6) Because Skin Bar MedSpa is subject to HIPAA, Skin Bar MedSpa practices long established and useful business practices, such as providing you with appointment reminders, notifying you of lab results, or using sign-up sheets, but we will take steps to do so in a fashion that takes your privacy expectations into account. Please inform staff of any limitations you would like us to honor in this regard.
- 7) Skin Bar MedSpa reserves the right to charge for copying and forwarding your health records.
- 8) While the records of the care we provide are Skin Bar MedSpa property, we will make them available for your inspection and provide copies at a reasonable fee. If you have any concerns about your health records, please ask to speak with a Skin Bar MedSpa medical staff member.
- 9) I have been offered the patient right to review the complete HIPAA compliance document and understand that Skin Bar MedSpa will comply to protect my privacy.



Please acknowledge review of this notice and authorization of this release of medical information by signing below:

Name of Patient (printed)

Date

Patient Signature

Witness Name (printed)

Date

Witness Signature