

**To our patients:** This notice describes how health information about you, as a patient, may be used and disclosed, and how you can get access to your health information. This notice is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

**Our commitment to your privacy:** Our medical spa is dedicated to maintaining the privacy of your health information. We are also required by Federal law to maintain the confidentiality of your health information. Although these laws are complicated, all medical providers are required to provide you with the following important information:

The HIPPA law permits the use and disclosure of personally-identifiable health information as needed for *diagnosis, treatment, or billing* of health care services, provided that any such disclosure must be limited to the minimum necessary information to accomplish these purposes, and only to *properly qualified persons*. Special safeguards must be maintained to minimize any chance of inadvertent disclosure of personally-identifiable health information to unauthorized persons, particularly of especially sensitive information. We are committed to maintaining the security and privacy of all information (including billing information) contained in our medical records.

**Use and disclosure of your health information in certain *special circumstances*:**

*The following additional circumstances may also require us to use or disclose your health information:*

1. To public health authorities and health oversight agencies that are authorized by law to collect such information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make the disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.
9. In order to avert a serious threat to the health and safety of you or any other person pursuant to applicable law.

Your rights regarding your health information:

1. **Communications.** You can request that our medical spa communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. We will accommodate reasonable requests.
2. **You can request a restriction in our use or disclosure** of your health information for treatment or payment.
3. **You have the right to inspect and obtain a copy** of the health information that may be used to make decisions about you.
4. **You may ask to amend** your health information if you believe it is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to Innovative Aesthetics Medical Spa and Laser Center. Please provide a reason that supports your request for amendment.
5. **Right to a copy of this notice.** You are entitled to receive a copy of this Notice of Privacy Practices. You may ask for a copy of this Notice at any time. To obtain an additional copy of this notice, please contact the office manager.
6. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our office or with the US Department of Health and Human Services. To file a complaint with our office, please contact the office manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. **Right to provide an authorization for other uses and disclosures.** Our office will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact the Innovative Aesthetics office at 319-365-7721 (SPA1)

**PATIENT RECORD OF DISCLOSURES**

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications, or that a communication of PHI be made by alternative means, such as contacting you at home, rather than work.

Please note: Our office makes reminder phone calls approximately 24 hours prior to your appointment.

I wish to be contacted in the following manner (please check all that apply).

Cell Phone: \_\_\_\_\_

OK to leave detailed message? YES NO

Home Phone: \_\_\_\_\_

OK to leave detailed message? YES NO

Work Phone: \_\_\_\_\_

OK to leave detailed message? YES NO

Written Communication (test results)

OK to mail to my home address? YES NO

**PRIVACY PRACTICE ACKNOWLEDGMENT**

I have received and will review the Notice of Privacy Practices.

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_