

## **NOTICE OF PRIVACY PRACTICES**

(Please refer to §164.520 of the Federal Register  
for HIPAA Rules and Regulations for all required elements.)

**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.**

***“Orchidia Med Spa”*** may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Orchidia Med Spa has established policies to guard against unnecessary disclosure of your health information.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

**To Provide Treatment.** Orchidia Med Spa may use your health information to coordinate care within Orchidia Med Spa and with others involved in your care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Orchidia Med Spa also may disclose your health care information to individuals outside of Orchidia Med Spa involved in your care including family members, pharmacists, suppliers of medical equipment, or other health care professionals.

**To Obtain Payment.** Orchidia Med Spa may include your health information in invoices to collect payment from third parties for the care you receive from Orchidia Med Spa. For example, Orchidia Med Spa may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Orchidia Med Spa. Orchidia Med Spa also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care that will be provided to you.

**To Conduct Health Care Operations.** Orchidia Med Spa may use and disclose health information for its own operations in order to facilitate the function of Orchidia Med Spa and as necessary to provide quality care to all of Orchidia Med Spa's patients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting Orchidia Med Spas and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Orchidia Med Spa.

For example Orchidia Med Spa may use your health information to evaluate its staff performance, combine your health information with other Orchidia Med Spa patients in evaluating how to more effectively serve all Orchidia Med Spa patients, disclose your health information to Orchidia Med Spa staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

**For Appointment Reminders.** Orchidia Med Spa may use and disclose your health information to contact you as a reminder that you have an appointment for a doctor's office visit.

**For Treatment Alternatives.** Orchidia Med Spa may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED**

**When Legally Required.** Orchidia Med Spa will disclose your health information when it is required to do so by any Federal, State or local law.

**When There Are Risks to Public Health.** Orchidia Med Spa may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect Or Domestic Violence.** Orchidia Med Spa is allowed to notify government authorities if Orchidia Med Spa believes a patient is the victim of abuse, neglect or domestic violence. Orchidia Med Spa will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** Orchidia Med Spa may disclose your health information to a health oversight Orchidia Med Spa for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Orchidia Med Spa, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial And Administrative Proceedings.** Orchidia Med Spa may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Orchidia Med Spa makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information. ***[Some States require a court order for the release of any confidential medical information and may be more protective than the Federal requirements.]***

**For Law Enforcement Purposes.** As permitted or required by State law, Orchidia Med Spa may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if Orchidia Med Spa has a suspicion that your death was the result of criminal conduct including criminal conduct at Orchidia Med Spa.
- In an emergency in order to report a crime.

**To Coroners And Medical Examiners.** Orchidia Med Spa may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors.** Orchidia Med Spa may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Orchidia Med Spa may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye Or Tissue Donation.** Orchidia Med Spa may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** Orchidia Med Spa may, under very select circumstances, use your health information for research. Before Orchidia Med Spa discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. ***[If Orchidia Med Spa intends to conduct research it is important to carefully review the authorization requirements for research exceptions and revise the Notice provisions as needed.]***

**In the Event of A Serious Threat To Health Or Safety.** Orchidia Med Spa may, consistent with applicable law and ethical standards of conduct, disclose your health information if Orchidia Med Spa, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize Orchidia Med Spa to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation.** Orchidia Med Spa may release your health information for worker's compensation or similar programs.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, Orchidia Med Spa will not disclose your health information other than with your written authorization. If you or your representative authorizes Orchidia Med Spa to use or disclose your health information, you may revoke that authorization in writing at any time.

#### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that Orchidia Med Spa maintains:

**Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Orchidia Med Spa's disclosure of your health information to someone who is involved in your care or the payment of your care. However, Orchidia Med Spa is not required to agree to your request. If you wish to make a request for restrictions, please contact **Jay A. Shorr – VP Operations of Orchidia Med Spa**.

**Right to receive confidential communications.** You have the right to request that Orchidia Med Spa communicate with you in a certain way. For example, you may ask that Orchidia Med Spa only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact in writing or via fax to **Jay A. Shorr – VP Operations – 954-720-9737**. Orchidia Med Spa will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made via fax to **Jay A. Shorr – VP Operations – 954-720-9737**. If you request a copy of your health information, Orchidia Med Spa may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to amend health care information.** You or your representative have the right to request that Orchidia Med Spa amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by Orchidia Med Spa. A request for an amendment of records must be made in writing via fax to **Jay A. Shorr – VP Operations – 954-720-9737**. Orchidia Med Spa may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by Orchidia Med Spa, if the records you are requesting are not part of Orchidia Med Spa's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Orchidia Med Spa, the records containing your health information are accurate and complete.

**Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by Orchidia Med Spa for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to **[insert contact person's title and address]**. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. Orchidia Med Spa would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right to a paper copy of this notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact via fax **Jay A. Shorr – VP Operations – 954-720-9737**

#### **DUTIES OF ORCHIDIA MED SPA**

Orchidia Med Spa is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Orchidia Med Spa is required to abide by the terms of this Notice as may be amended from time to time. Orchidia Med Spa reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If Orchidia Med Spa changes its Notice, Orchidia Med Spa will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to Orchidia Med Spa and to the Secretary of the United States Department of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to the Secretary of the United States Department of Health and Human Services should be made in writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, (202) 619-0257.

Any complaints to Orchidia Med Spa should be made in writing via fax to **Jay A. Shorr – VP Operations – 954-720-9737**. Orchidia Med Spa encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

#### **CONTACT PERSON**

Orchidia Med Spa has designated \_\_\_\_\_ as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 2590 Golden State Parkway Suite 103 – Naples, Tamarac, FL, 34105

**EFFECTIVE DATE -** This Notice is effective April 14, 2003.

