

Our commitment To Your Privacy:

Our office 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 HIPAA 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 such as psychological or HIV status. We are committed to maintaining the security and privacy of all information (including billing information) contained in our medical records, including electronic records and data transmission.

MENAU LOCATION

3301 MENAU BLVD, SUITE 30
NEXT TO COST PLUS WORLD MARKET
505-888-1185

WWW.STAYFLAWLESS.COM



You're Already Flawless,
We Want You To Stay That Way.

WWW.STAYFLAWLESS.COM

505-888-1185

You Join the Gym for Your
Body, Now it is Time to Join
a Med Spa for Your Skin.



FLAWLESS PRIVACY POLICY

To Our Patients:

This notice describes how health information about you, as a patient of this practice, 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 (HIPAA). medical records, including electronic records and data transmission.



Your Rights Regarding Your Health Info

1. Communications. You can request that our practice 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, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends as provided by 45CFR §164.522. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you including patient medical records and billing records, but not including psychotherapy notes as outlined in 45 CFR §164.524. You must submit your request in writing to Flawless Skin Spa, LLC.



Your Rights Regarding Your Health Info

4. You may ask to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our office as provided for in 45CFR §164.526. To request an amendment, your request must be made in writing and submitted to Flawless Skin Spa, LLC. You must 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, contact the Office Manager.
6. Accounting of disclosures. You have a right to receive an accounting of all disclosures made of your health information as provided by 45 CFR §164.528.
7. 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 Secretary of the US Department of Health and Human Services. To file a complaint with our office, contact Heather Badal, Owner. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. 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 Heather Badal.

The following circumstances may 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 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.