



MODERN | AESTHETIC | INSTITUTE

## **Notice of Privacy Practices**

*Effective Date of Notice: December 16, 2021.*

**This Notice describes how medical information about you, as a patient of Modern Aesthetic Institute, may be used and disclosed, and how you can get access to your information. Please review it carefully.**

### **Our Privacy Commitment**

At Modern Aesthetic Institute (MAI), we understand the importance of keeping your personal information private, and we take our obligation to do so very seriously. In the normal course of doing business, we create records about you, your medical treatment, and the services we provide to you. The information in those records is called protected health information (PHI) and includes your individually identifiable personal information such as your name, address, telephone number, and Social Security number, as well as your health information, such as healthcare diagnosis or billing information. We are required by federal and state law to provide you with this Notice of our legal duties and privacy practices as they relate to your PHI. We are required to maintain the privacy of your PHI and to notify you in the event that you are affected by a breach of unsecured PHI. When we use or give out (“disclose”) your PHI, we are bound by the terms of this Notice, which applies to all records that we create, obtain, and/or maintain that contain your PHI.

### **How We Protect Your Privacy**

We maintain physical, technical, and administrative safeguards to ensure the privacy of your PHI. Workforce members are trained on topics including:

- Privacy and data protection policies and procedures, including how paper and electronic records are labeled, stored, filed, and accessed.
- Physical, technical, and administrative safeguards in place to maintain the privacy and security of your PHI.

### **Uses and Disclosures of PHI for Other Reasons Without Permission**

In some limited situations, the law allows us or requires us to use or disclose your health information without permission. Not all of these situations will apply to us; some may never even come up at all. Such uses of disclosures are:

**Treatment:** We may disclose your PHI to share with nurses, doctors, pharmacists, optometrists, health educators, and other healthcare professionals so they can determine your plan of care. We may disclose your PHI to help you obtain services and treatment you may need – for example, ordering lab tests and using the results. We may disclose your PHI to coordinate your health care and related services with a healthcare facility or professional.

**Payment:** Your PHI will be used, as needed, to obtain payment of premiums for your coverage, to make coverage determinations, to coordinate benefits with other coverage you may have, to obtain payment from a third party that may be responsible for payment, and to determine and fulfill our responsibility to provide your health benefits.

**Healthcare operations:** We may use or disclose your PHI, as-needed, in order to support and/or improve the services we offer, to provide customer service, to assist you in managing your healthcare, to support another healthcare professional who has a relationship with you, and for underwriting, dues, or premium rating, or other activities relating to the creation, renewal, or replacement of a contract for health coverage or insurance. Please note, however, that we will not use or disclose your PHI that is genetic information for underwriting purposes – doing so is prohibited by federal law. We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law.

**Disclosures to others involved in your health care.** We may use or disclose your PHI, as-needed, if you are in an emergency situation, are not present, are incapacitated, or if you are deceased, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interest. If we do disclose your PHI in a situation where you are unavailable, we will disclose only information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition, or your death. We may disclose your minor child's PHI to the child's other parent.

**Disclosures to your plan sponsor:** We may disclose PHI to the sponsor of your group health plan, which may be your employer, or to a company acting on behalf of the plan sponsor, so that they can monitor, audit, and otherwise administer the health plan you participate in. Your employer is not permitted to use the PHI we disclose for any purpose other than administration of your benefits. See your plan sponsor's plan documents for information about whether your employer/plan sponsor receives PHI, and for a full explanation of the limited uses and disclosures that the plan sponsor may make of your PHI.

**Communications:** We may use your PHI to contact you with information about your benefits, health-related programs and services, treatment reminders, or treatment alternatives available to you. We do not use your PHI for fundraising purposes.

**Health or Safety:** We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of the general public.

**Public Health Activities:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by a public health official, to a foreign government agency that is collaboration with the public health authority.

**Health Oversight Activities:** We may disclose your PHI to: A government agency that is legally responsible for oversight of the healthcare system or for ensuring compliance with the rules of government benefit programs such as Medicare or Medicaid or other regulatory programs that need health information to determine compliance.

**Research:** We may disclose your PHI for research purposes, but only according to, and as allowed by, law.

**Required by Law:** We may use or disclose your PHI to the extent that is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses and disclosures.

**Government functions:** We may disclose your PHI to various departments of the government, such as the U.S. military or the U.S. Department of State, as required by law.

**Workers' compensation:** Your PHI may be disclosed by us as a authorized to comply with worker's compensation laws and other similar legally-established programs.

**Incidental Disclosure:** "Incidental disclosure" of PHI is a situation where the use or disclosure of PHI cannot reasonably be prevented. It is usually limited in nature and occurs "incidentally" as a result of a permitted disclosure. Examples of incidental disclosures include: Modern Aesthetic Institute's Notice of Privacy Practices, hearing a patient's name called out loud for escort from one area to another, overhearing a physician phone conversation regarding another patient, or seeing information on a sign-in sheet or whiteboard in a medical facility.

**Uses of PHI that require your authorization:** We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use and disclosure of all or part of your PHI. If you are not present or able to agree or object to the use of disclosure of the PHI, then your physician may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed. For example, we will not use your PHI for marketing purposes without your prior written authorization, nor will we give your PHI to a prospective employer without your written authorization.

**Authorization cancellation:** At any time, you may cancel a written authorization that you previously gave us. When submitted to us in writing, the cancellation will apply to future uses and disclosures of your PHI. It will not affect uses or disclosures made previously, while your authorization was in effect.

### **Your Individual Rights Regarding Your Health Information**

The law gives you the following rights regarding the PHI that MAI creates, obtains, and/or maintains about you:

**Right to request restrictions:** You may ask us to restrict the way we use and disclose your PHI for treatment, payment, and healthcare operations, as explained in this Notice. We are not required to agree to your restriction requests, but we will consider them carefully. If we agree to a restriction request, we will abide by it until you request or agree to terminate the restriction. We may also inform you that we are terminating our agreement to a restriction. In that case, the termination will apply only to PHI created or received after we have informed you of the termination.

**Right to receive confidential communications:** You may ask to receive MAI communications containing PHI by alternative means or alternative locations. As required by law, and whenever feasible, we will accommodate reasonable requests. We may require that you make your request in writing. If your request involves a minor child, we may ask you to provide legal documentation to support your request.

**Right to access your PHI:** You may ask to inspect or to receive a copy of certain PHI that we maintain about you in a “designated record set.” This includes, for example, records of enrollment, payment, claims adjudication, and case or medical management record systems, and any information we used to make decisions about you. Your request must be in writing. Whenever possible, and as required by law, we will provide you with a copy of your PHI in the form (paper or electronic) and format you request. If you request a copy of your PHI, we may charge you a reasonable, cost based fee for preparing, copying, and/or mailing it to you. In certain limited circumstances permitted by law, we may deny you access to a portion of your records.

**Right to receive an accounting of disclosures:**

Upon your written request, we will provide you with a list of the disclosures we have made of your PHI for a specified time period, up to six years prior to the date of your request. However, the list will exclude: disclosures you have authorized, disclosures made earlier than six years before the date of your request, disclosures made for treatment, payment, and healthcare operations purposes, except when required by law, and other disclosures that we are allowed by law to exclude from the accounting. If you request an accounting more than once during any 12-month period, we will charge you a reasonable, cost-based fee for each accounting report after the first one.

**Right to name a personal representative:** You may name another person to act as your personal representative. Your representative will be allowed access to your PHI, to communicate with the healthcare professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make healthcare decisions for you.

**Right to receive a paper copy of this Notice:** Upon your request, we will provide a paper copy of this Notice, even if you have agreed to receive the Notice electronically. See the “Notice Availability and Duration” section of this Notice.

**Actions You May Take:**

Contact MAI. If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us: Modern Aesthetic Institute: 661-636-6900. Email: [info@modernaesthetic.institute](mailto:info@modernaesthetic.institute)

**Contact a government agency:** You may also file a written complaint with the Secretary of the U.S. Department of Health & Human Services (HHS) if you believe we may have violated your privacy rights. Your complaint may be sent by email, fax, or mail to the HHS Office for Civil Rights (OCR). For more information, or to file a complaint with the Secretary of HHS, visit the OCR website at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> If you are a California resident, you may contact the OCR Regional Manager for California as follows: Region IX Regional Manager Office for Civil Rights U.S. Department of Health & Human Services 90 7th St., Suite 4-100 San Francisco, CA 94103 Phone: (800) 368-1019 Fax: (202) 619-3818 TTY: (800) 537-7697 We will not take any action against you if you exercise your right to file a complaint, either with us or with HHS.

**Notice availability and duration:** A copy of this Notice is available by calling, faxing a written request, or by visiting our website at [modernaesthetic.institute](http://modernaesthetic.institute)

We are required to abide by the terms of this Notice as long as it remains in effect. We may change the terms of this Notice at any time, and, at our discretion, we may make the new terms effective for all of your PHI in our possession, including any PHI we created or received before we issued the new Notice.