

SKINRITUAL

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review carefully.

During the course of serving your interests it may be necessary to share your information with other health care providers or business associates.

- We can use your health information and share it with other professionals who are treating you.
- Our staff may use your health information to send you follow up care, referral or appointment reminders via text message, email, or phone.
- Your healthcare information may be used as necessary to run our organization, improve your care, and contact you when necessary.
- We can use and share your health information to bill and get payment from health plans or other entities.
- Your healthcare information may be disclosed to public agencies as required by law.
- Your healthcare information may be disclosed to law enforcement agencies to support government audits and inspection to facilitate law enforcement investigations and to comply with government mandated reporting.

When it comes to your health information, you have certain rights.

- The right to receive confidential communications of your protected health information.
- The right to inspect and copy your protected health information. We may charge a reasonable, cost-based fee.
- The right to ask us to amend health information about you that you think is incorrect or incomplete. We are not required to agree to these requests.
- The right to receive an accounting of disclosures of your protected health information.
- The right to receive a printed copy of this notice.

We are required by law to maintain the privacy and security of your protected health information. We are also required to abide by the privacy policies and practices that are outlined in this notice. As permitted by law, we reserve the right to change the terms of this notice.

If you have questions, comments or complaints regarding our privacy practices or feel your rights have been violated, contact our office by phone at (480) 702-2442 or mail at 1684 East Boston Street, Suite 101, Gilbert, Arizona 85295. You may also send a written complaint directly to the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be penalized or otherwise retaliated against for filing a complaint.

I have read and understand the above Notice of Privacy Practices.

Signature of Patient or Legal Guardian

Date

