

Loudoun Laser & Medical Spa

HIPPA

SUMMARY NOTICE OF PRIVACY POLICY PRACTICES

This is a summary of our Notice of Privacy Practices which describes how we may use and disclose your medical and personal information and how we can have access to this information. We have attached a full version of this notice.

OUR PLEDGE TO PROTECT YOUR PRIVACY

Loudoun Laser & Medical Spa is committed to protecting the privacy of your medical and personal information. So that we may best meet your medical needs, we share your medical records with the health care providers involved in your care. We share your information only to the extent necessary to collect payment for the services we provide, conduct our business operations, and to comply with the laws that govern health care. We will not use or disclose your information for any other purpose without your permission.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

- To inspect and obtain a copy of your medical records with certain limitations
- To request an amendment or addendum to your medical records
- To an accounting or Loudoun Laser & Medical Spa's disclosures of your medical information
- To request restrictions on a certain uses and disclosures of your medical information
- To request when and where to contact you
- To request a copy of the full version of this notice privacy practices

WE MAY USE AND DISCLOSE YOUR PERSONAL AND HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION FOR THE FOLLOWING PURPOSES

- To provide you with medical treatment
- To bill and receive payment for the treatment received
- As required and permitted by law
- For functions necessary to run the office Loudoun Laser & medical Spa and assure that our patients received quality care
- For public health activities (e.g. reporting abuse)
- For research purposes in limited circumstances
- To a coroner, medical examiner, funeral director, and organ procurement organization for certain purposes
- To a court or administration order, subpoena, discovery request or other lawful process
- To a health oversight agency

We reserve the right to change our privacy practices and update this notice accordingly. Please see our full notice of privacy Practices for a more detailed description of our privacy practices.

I have read and understood my rights and Loudoun Laser & Medical Spa's privacy Standards.

Signature of Patients or Legal Representation

Date