

## Notice of Privacy Practice - HIPAA

This form is intended to comply with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and applicable Florida privacy laws. It explains how your protected health information (PHI) may be used and disclosed, and describes your rights as a patient of Refresh Your Beauty® Aesthetic Medicine Boutique, LLC.

### Information We Collect

We collect personal and health-related information to provide safe and effective care. This may include:

- Full name, date of birth, contact information, and insurance details
- Health history and treatment records
- Photos taken for documentation (with separate consent)
- Payment and billing information

### How We Use and Share Your Information

Your health information may be used and shared:

- For **treatment**, to provide and coordinate your care
- For **payment**, including billing you or a third party
- For **healthcare operations**, such as quality improvement and staff training
- When required by law (e.g., subpoenas, public health reporting)

We comply with additional protections under **Florida law**, including but not limited to Chapter 456, Florida Statutes.

We will not sell, share, or disclose your PHI for any other purpose without your written consent, unless permitted or required by law.

### Your Rights

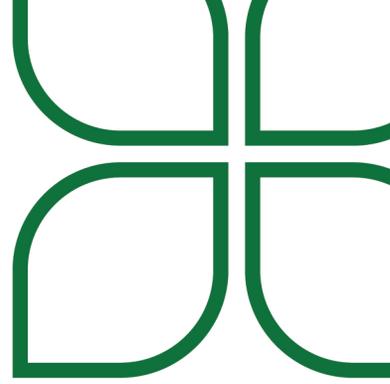
You have the right to:

- Access and request a copy of your health records
- Request corrections to inaccurate or incomplete information
- Request a restriction on certain uses or disclosures
- Request confidential communications (e.g., by mail or phone)
- Obtain an accounting of disclosures made outside of treatment, payment, or operations
- File a complaint if you believe your privacy rights have been violated

You may contact our Privacy Officer at the address above or file a complaint with the U.S. Department of Health and Human Services.

**To read the full HIPAA law, visit:**

<https://www.hhs.gov/hipaa/for-individuals/index.html>



## **Consent for Treatment & Use of PHI**

By signing below, you:

- Authorize Refresh Your Beauty® Aesthetic Medicine Boutique, LLC to use and share your protected health information for treatment, payment, and operations.
- Understand that you may revoke this consent **in writing at any time**, but revocation will not apply to actions taken prior to the revocation.
- Acknowledge that you have received or been offered a copy of our **Notice of Privacy Practices**.

## **Photo Release (Optional – Separate Authorization Required)**

Photographs may be taken for medical documentation, treatment planning, or outcome tracking. A **separate photo release form** will be provided and must be signed before any images are used or retained.

## **Marketing & Communication**

We may use your contact information to send appointment reminders or information related to your treatment.

**We will not send marketing materials** about unrelated products or services without your **separate, signed authorization**, as required by HIPAA.

## **Patient/Client Acknowledgment and Consent**

I acknowledge and understand the policies stated above, and I authorize the use and disclosure of my protected health information for treatment, payment, and healthcare operations.

### **Contact for Questions or Concerns**

#### **Privacy Officer**

Leonel Calderón, MD

175 SW 7th Street, Suite 1411, Miami FL 33130

Phone: (305) 810-9991

Email: [refreshyourbeauty@me.com](mailto:refreshyourbeauty@me.com)