

Skin PS Brands

Notice of Privacy Practices (HIPAA) For Protected Health Information

[45 CFR 164.520]

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

This Skin PS Brands Notice of Privacy Practices (HIPAA) (hereinafter “Notice of Privacy Practices”) describes how Skin PS Brands (hereinafter, “we,” “us,” “our,” “ourselves,” or “Skin PS Brands”) may use and/or disclosure your protected health information that may be collected through our websites, microsites, mobile applications, and other online services of our brands and lines of business that expressly adopt, and display or link to, this Notice of Privacy Practices (collectively, the “Sites”). This Notice of Privacy Practices also describes how you can get access to such protected health information. Please review it carefully. If you have any questions about this Notice of Privacy Practices please contact our office at info@skinspsbrands.com or call 310-425-8894.

This Notice of Privacy Practices describes how Skin PS Brands may use and/or disclose your protected health information (as defined below) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

"Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. “Protected Health Information” is further defined under 45 CFR §160.03.

We are providing this Notice of Privacy Practices pursuant to the rules and regulations set forth under the Health Insurance Portability and Accountability Act of 1996, Pub. L. No.104-191 (“HIPAA”). This Notice of Privacy Practices is subject to the HIPAA Privacy Rule, which may contain additional provisions relating to the use and disclosure of your protected health information that go beyond the terms of this Notice of Privacy Practices.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that Skin PS Brands maintains at that time. Upon request, Skin PS Brands will provide you with any revised Notice of Privacy Practices.

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I. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

As it relates to the use and/or disclosure of your protected health information, you will be asked by Skin PS Brands to sign a consent and/or release form. Once you have consented to use and disclosure of your protected health information for treatment, payment, health care operations and/or the other purposes stated hereinbelow by signing the consent form, Skin PS Brands may use or disclose your protected health information as described in this Section. Your protected health information may be used and disclosed by Skin PS Brands, the office staff and third-parties outside of our office which are involved in your care or treatment for the purpose of providing skin care and general health services to you. Your protected health information may also be used and disclosed to support the operation of Skin PS Brands practice.

Treatment: We may use and disclose your protected health information, as needed, to provide, coordinate or manage your medical care and any related services. This includes the coordination or management of your medical care with a third party that has obtained your permission to have access to your protected health information. In addition, Skin PS Brands may disclose your protected health information to another physician or health care provider (*e.g.*, a specialist or laboratory) who, at the request of Skin PS Brands, becomes involved in your care by providing assistance with your medical care diagnosis or treatment to Skin PS Brands. For example, we may share your protected health information with other physicians or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose such information to members of your family or others who can help you when you are sick or injured, or after you die.

Payment: Your protected health information may be used, as needed, to obtain payment for your medical care services or otherwise for the related services we provide. This may include certain activities that your health insurance plan may undertake before it approves or pays for the medical care services Skin PS Brands recommends for you. For example, we give your health plan the information it requires before it will pay us. We may also disclose such information to other health care providers to assist them in obtaining payment for services they have provided to you.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of, as well as to operate, Skin PS Brands' practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your protected health information with third party "business associates," such as our billing service, that perform various activities and administrative services for us and for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, Skin PS Brands will have a written contract

that contains terms that will protect the privacy of your protected health information. We may also share your protected health information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts

Sign-in Sheet. In addition, Skin PS Brands may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when Skin PS Brands is ready to see you.

Appointment Reminders. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointments. If you are not at home or do not answer our call, we may leave this information on your answering machine or in a message left with the person answering the phone.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that Skin PS Brands or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Marketing. Provided we do not receive any payment or other financial remuneration (as defined in §164.501 of the HIPAA Privacy Rule) for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts of nominal value, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment or other financial remuneration (as defined in §164.501 of the HIPAA Privacy Rule) for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization. If you do not want to receive these marketing communications, you may opt-out by notifying us at info@skinspsbrands.com or call 310-425-

8894, and we will stop any further communications for such marketing purposes. Similarly, you should notify us if you decide you want to start receiving these marketing communications again.

Sale of Health Information. We will not sell your protected health information without your prior written authorization. The authorization will disclose that we will receive compensation for your protected health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

Proof of Immunization. We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.

Organ or Tissue Donation. We may disclose protected health information to organizations involved in procuring, banking or transplanting organs and tissues.

Fundraising. We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, we may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, you may opt-out by notifying us at info@skinspsbrands.com or call 310-425-8894, and we will stop any further fundraising communications. Similarly, you should notify us if you decide you want to start receiving these solicitations again.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then Skin PS Brands may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your medical care will be disclosed.

Others Involved in Your Healthcare: Unless you object, Skin PS Brands may disclose to a member of your family, a relative, your personal representative, a close friend or any other person you identify or is otherwise responsible for your care, your protected health information that directly relates to that person's involvement in your medical care. If you are unable to agree or object to such a disclosure, Skin PS Brands may disclose such information as necessary if it determines that it is in your best interest based on its professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, Skin PS Brands will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If Skin PS Brands is required by law to treat

you and it has attempted to obtain your consent but is unable to obtain your consent, it may still use or disclose your protected health information to treat you.

Communication Barriers: We may use and disclose your protected health information, as needed, if Skin PS Brands attempts to obtain consent from you but is unable to do so due to substantial communication barriers and it determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Change of Ownership. In the event that this medical practice is sold or merged with another organization, your protected health information/record will become the property of the new owner, although you will maintain the right to request that copies of your protected health information be transferred to another physician or medical group.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

- Required By Law: We may use or disclose your protected health information to the extent that law requires the use or disclosure. 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 or disclosures. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
- Public Health: We may disclose your protected health information 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; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- Health Oversight: Skin PS Brands may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by applicable federal and state laws. Oversight agencies seeking this information include

government agencies that oversee the medical care system, government benefit programs, other government regulatory programs and civil rights laws.

- Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, Skin PS Brands may disclose your protected health information if it believes that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- Legal (Judicial and Administrative) Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
- Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. Such law enforcement purposes may include identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
- Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may, as allowed by applicable law, use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate. [Note: Only use e-mail notification if you are certain it will not contain protected health information and it will not disclose inappropriate information. For example, if your e-mail address is "digestivediseaseassociates.com" an e-mail sent with this address could, if intercepted, identify the patient and their condition.]
- Coroners: Skin PS Brands may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

- Criminal Activity; Public Safety: Consistent with the applicable federal and state laws, Skin PS Brands may disclose your protected health information, if it believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Skin PS Brands may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- Workers' Compensation: Skin PS Brands may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.
- Specialized Government Functions. We may disclose your protected health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody, so long as applicable legal requirements are met for such purposes.
- Required Uses and Disclosures: Under the law, Skin PS Brands must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA Privacy Rule under §164.500 of the HIPAA Privacy Rule.

II. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

Right to Inspect and Copy. You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as Skin PS Brands maintain the protected health information. A "designated record set" contains medical and billing records and any other records that Skin PS Brands and the practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records:

- information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding;
- protected health information that is subject to law that prohibits access to protected health information.

Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact us at info@skinspsbrands.com or call 310-425-8894 if you have questions about access to your medical record.

Right to Request Special Privacy Protections. You have the right to request a restriction on certain uses and disclosures of your protected health information as provided by §164.522(a) of the HIPAA Privacy Rule. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Skin PS Brands is not required to agree to a restriction that you may request, except in case of a disclosure restricted under §164.522(a)(1) of the HIPAA Privacy Rule. If Skin PS Brands believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If Skin PS Brands does agree to the requested restriction, it may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with us by contacting us at info@skinsbrands.com or call 310-425-8894.

Right to Request Confidential Communications. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to us at info@skinsbrands.com or call 310-425-8894.

Right to Amend or Supplement. You may have the right to request Skin PS Brands to amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as Skin PS Brands maintains this information. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. In certain cases, we may deny your request for an amendment. If Skin PS Brands denies your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact us at info@skinsbrands.com or call 310-425-8894 to determine if you have questions about amending your medical record.

Right to Accounting of Disclosures. You have the right to receive an accounting of certain disclosures Skin PS Brands has made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures Skin PS Brands may have made to you, to family members or friends involved in your care or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred on or after your first date of using the services and/or products offered by the relevant brand or line of business of Skin PS Brands. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Right to a Paper or Electronic Copy of this Notice. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

III. Our Duties

Skin PS Brands is required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This Notice of Privacy Practices is meant to fulfill the foregoing duties. Skin PS Brands is required to abide by the terms of our Notice of Privacy Practices currently in effect.

Except as described in this Notice of Privacy Practices, Skin PS Brands will, consistent with its legal obligations, not use or disclose protected health information which identifies you without your written authorization. If you do authorize Skin PS Brands to use or disclose your protected health information for another purpose, you may revoke your authorization in writing at any time.

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment.

IV. Complaints

You may submit a request to the Secretary of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint. Complaints about this Notice of Privacy Practices or how Skin PS Brands handles your health information should be directed to our attention listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which Skin PS Brands handles a complaint, you may submit a formal complaint to:

U.S. Department of Health and Human Services

Office for Civil Rights
Centralized Case Management Operations
200 Independence Ave., S.W.
Suite 515F, HHH Building
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
OCRMail@hhs.gov

The complaint form may be found at the following web address: <https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf>. You will not be penalized in any way for filing a complaint.

V. Contact

For more information about this Notice of Privacy Practices, or if you have any questions about this Notice of Privacy Practices, please contact our office at info@skinpsbrands.com or call 310-425-8894.

VI. Effective Date

This notice was published and became effective on September 5, 2019.