

## Lakewood Beauty Clinic

**6115 La Vista Dr# 200,  
Suite 203,  
Dallas TX 75214  
(214) 317-5972**

**Date:** \_\_\_\_\_

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.

### WHO WILL FOLLOW THIS NOTICE?

This notice describes the practices of [Med Spa Name] and the practices that will be followed by all [Med Spa Name] workforce members who handle your medical information.

### OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION

[Med Spa Name] understands that medical information about you and your health is personal. We are committed to protecting medical information about you. We maintain our records and conduct our treatment environment with a goal of providing a robust level of protection for your medical information, while still providing you with a high level of medical care. This notice applies to all of the records of your medical care which are received or created by [Med Spa Name].

Your other medical treatment providers (e.g. doctors, nurses, hospitals, home health agencies, etc.) may have different policies or notices regarding the use and disclosure of your medical information.

This notice will tell you about the ways in which [Med Spa Name] may use and disclose medical information about you. Your medical information, also referred to as "protected health information" is that information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health information and related health care services.

In this notice, we also describe your rights and certain obligations [Med Spa Name] has regarding the use and disclosure of your protected health information. We are required to:

1. Make sure that medical and other information that identifies you (protected health information) is kept private.
2. Give this notice of our legal duties and privacy practices with respect to protected health information about you.
3. Follow the terms of the notice that is currently in effect.

## USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

By becoming a patient at [Med Spa Name] , you are giving consent for [Med Spa Name] to use your protected health information for certain activities, including treatment, payment and other health care operations.

We may use and disclose protected health information about you so that [Med Spa Name] and its medical professionals can treat you. For example, we may use your past medical information in order to diagnose your present condition or we may provide information regarding your medical condition to another doctor to whom we refer you for additional care. We may also use and disclose protected health information about you so that we may be paid for the medical treatment we provide you.

We may also use and disclose protected health information about you for [Med Spa Name] health care operations, in other words, those other tasks that we need to perform to make sure that you are provided a high quality of medical care. For example, we may use your protected health information to evaluate how we can better meet your needs. We may also share your protected health information with third parties in connection with services that we provide or if required by law or upon regulatory request.

Other uses and disclosures of your protected health information

The following uses of your protected health information may be made without any additional authorization from you. (Not every use or disclosure is listed, but be assured that all uses and disclosures made by [Med Spa Name] are only those which are permitted under the law).

Uses and disclosures for appointment reminders. Furthermore, any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of [Med Spa]. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us)

I opt in to receive marketing materials including texts.

I have read and understand this notice. I may revoke at any time.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_