EFFECTIVE DATE: 12/1/25

REVIEW DATE: 12/1/26

Mina MedSpa & Wellness

HIPAA-COMPLIANT 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 IT CAREFULLY.

WE ARE COMMITTED TO PROTECTING YOUR HEALTH INFORMATION IN ACCORDANCE WITH FEDERAL AND STATE LAW, INCLUDING THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA).

1. YOUR RIGHTS

YOU HAVE THE RIGHT TO:

- ➔ GET A COPY OF YOUR MEDICAL RECORD
- ➔ ASK US TO CORRECT YOUR MEDICAL RECORD
- ➔ REQUEST CONFIDENTIAL COMMUNICATIONS
- ➔ ASK US TO LIMIT WHAT WE USE OR SHARE
- ➔ GET A LIST OF THOSE WITH WHOM WE'VE SHARED YOUR INFORMATION
- ➔ GET A COPY OF THIS PRIVACY NOTICE
- ➔ CHOOSE SOMEONE TO ACT FOR YOU
- ➔ FILE A COMPLAINT IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED

TO EXERCISE THESE RIGHTS, CONTACT US AT THE INFORMATION PROVIDED AT THE END OF THIS NOTICE.

2. OUR RESPONSIBILITIES

WE ARE REQUIRED BY LAW TO:

- ➔ MAINTAIN THE PRIVACY AND SECURITY OF YOUR PROTECTED HEALTH INFORMATION (PHI)
- ➔ INFORM YOU PROMPTLY IF A BREACH OCCURS THAT MAY COMPROMISE YOUR INFORMATION
- ➔ FOLLOW THE DUTIES AND PRIVACY PRACTICES DESCRIBED IN THIS NOTICE
- ➔ PROVIDE YOU WITH A COPY OF THIS NOTICE

3. HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

WE TYPICALLY USE OR SHARE YOUR INFORMATION IN THE FOLLOWING WAYS:

A. **FOR TREATMENT**
WE MAY USE YOUR HEALTH INFORMATION TO PROVIDE AND COORDINATE YOUR MEDICAL CARE WITH OTHER PROFESSIONALS INVOLVED IN YOUR TREATMENT.

B. **FOR PAYMENT**
WE MAY USE AND SHARE YOUR INFORMATION TO BILL AND RECEIVE PAYMENT FROM HEALTH PLANS OR OTHER ENTITIES.

C. **FOR HEALTHCARE OPERATIONS**
WE USE YOUR INFORMATION FOR PRACTICE MANAGEMENT, TRAINING, QUALITY IMPROVEMENT, AND OTHER NECESSARY OPERATIONAL PURPOSES.

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4. WE MAY ALSO USE OR DISCLOSE YOUR INFORMATION IN THESE SITUATIONS:

- ➔ TO COMPLY WITH THE LAW
- ➔ FOR PUBLIC HEALTH AND SAFETY
- ➔ WITH HEALTH OVERSIGHT AGENCIES
- ➔ FOR RESEARCH (WITH APPROVAL OR DE-IDENTIFIED DATA)
- ➔ WITH MEDICAL EXAMINERS OR FUNERAL DIRECTORS
- ➔ FOR WORKERS' COMPENSATION CLAIMS
- ➔ FOR LAW ENFORCEMENT PURPOSES OR NATIONAL SECURITY
- ➔ TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

WE WILL NEVER SHARE YOUR INFORMATION FOR MARKETING PURPOSES, SELL YOUR INFORMATION, OR SHARE PSYCHOTHERAPY NOTES WITHOUT YOUR WRITTEN PERMISSION.

5. USES AND DISCLOSURES THAT REQUIRE AUTHORIZATION

WE WILL OBTAIN YOUR WRITTEN AUTHORIZATION FOR ANY USE OR DISCLOSURE OF YOUR INFORMATION NOT DESCRIBED IN THIS NOTICE. YOU MAY REVOKE YOUR AUTHORIZATION AT ANY TIME.

6. YOUR CHOICES

YOU CAN TELL US YOUR PREFERENCES ABOUT:

- ➔ SHARING INFORMATION WITH FAMILY, CLOSE FRIENDS, OR OTHERS INVOLVED IN YOUR CARE
- ➔ SHARING INFORMATION IN A DISASTER RELIEF SITUATION
- ➔ INCLUDING YOUR INFORMATION IN A PATIENT DIRECTORY

IF YOU ARE UNABLE TO TELL US YOUR PREFERENCE (E.G., UNCONSCIOUS), WE MAY SHARE YOUR INFORMATION IF WE BELIEVE IT IS IN YOUR BEST INTEREST.

7. CHANGES TO THIS NOTICE

WE RESERVE THE RIGHT TO CHANGE THE TERMS OF THIS NOTICE AND APPLY THE CHANGES TO ALL INFORMATION WE MAINTAIN. THE NEW NOTICE WILL BE AVAILABLE UPON REQUEST, IN OUR OFFICE, AND ON OUR WEBSITE.

CONTACT INFORMATION

IF YOU HAVE ANY QUESTIONS, CONCERNS, OR WOULD LIKE TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES, PLEASE CONTACT:

Mina MedSpa & Wellness
c/o Manager
80 E Jefferson St
Suite 300D
Fall Church, VA 22046

YOU MAY ALSO FILE A COMPLAINT WITH THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE FOR CIVIL RIGHTS. WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.