



## PRIVACY PRACTICES

**Our Privacy Pledge:** Beautiful Ama is concerned with and committed to the protection of our patients' and clients' privacy and ensuring the confidentiality of personal health information entrusted to us.

Ways in which Beautiful Ama may use or disclose your Protected Health Information (PHI) include, but are not limited to:

- Another health care provider or facility for the purpose of diagnosis, assessment or treatment of your health condition.
- Another party, such as an insurance carrier, HMO or employer for the purpose of receiving payment for services rendered to you.
- The use of that information within our practice for quality control or other operational purposes.
- Business associates that we contract with to perform a billable service for your benefit.
- Research, when you have signed a release form and we have established protocols to ensure the privacy of your health information.
- Disclosure without your consent or authorization when required by law.
- The use of that information to contact you by telephone, mail or e-mail with appointment reminders, information about our clinic facilities, treatment alternatives or other health-related information that may interest you.

We reserve the right to change our privacy practices as described in that notice. The current notice will be available in the clinic, on the clinic website, and will be given to you when you come for treatment.

Any letters, testimonials, correspondence, or thank you notes sent to us or provided online become the exclusive property of Beautiful Ama. We reserve the right to use non-identifying information about our patients for promotional purposes including, but not limited to, websites, brochures, marketing materials, and newsletters. Patients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names, or uniquely identifiable names) will be used without patient's express advance permission. You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information that you send to us will ever be publicly used without your direct or indirect consent.

### Patient Rights

1. You have the right to receive all notices in writing.
2. Upon written request, you have the right to review and receive copies of your PHI for 7 years from the date the record was created or as long as the information is in our files.
3. Upon written request, you have the right to receive a list of disclosures about your PHI, except as excluded by law.
4. Upon written request, and as permitted by law, you have the right to request restrictions on the use and disclosure of your PHI.
5. Upon written request, and as permitted by law, you have the right to request that we amend your PHI.
6. You have the right to ask questions or file a complaint about our privacy practices, either with us or the Secretary of Health and Human Services.

Retrieval and copying fees may be charged for PHI requests. When you make your request, we will inform you of the amount of the fee, and you will have the opportunity to withdraw or modify your request.