

## Luxe Medical Inc Notice of Privacy Practices

Effective June 9,2023

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 Luxe Medical Inc and the practices that will be followed by all of Greenberg Cosmetic Surgery and Dermatology workforce members who handle your medical information.

### OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION

Luxe Medical Inc 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 the highest level of protection for your medical information, while still providing you with the highest level of medical care. This notices applies to all of the records of your medical care which are received or created by Luxe Medical Inc.

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

This notice will tell you about the ways in which 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 Luxe Medical Inc has regarding the use and disclosure of your protected health information. We are required by name to:

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

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

By becoming a client at Luxe Medical Inc you are giving consent for Luxe Medical Inc to use your protected health information for certain activities, including treatment, payment and other health care operations. Sometimes, you may hear these three activities referred to as “TPO”.

We may also use and disclose protected health information about you for Luxe Medical Inc operations, in other words, those other tasks that we need to perform to make sure that you are provided the highest quality of medical care. For example, we may use your protected health information to evaluate how we can better meet your needs or we may provide protected health information about you to an auditor who reviews our books so that we can keep our license to provide cosmetic services.

### 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 Luxe Medical Inc are only those which are permitted under the law)..

### USES AND DISCLOSURES IN EMERGENCY SITUATIONS

We may use or disclose your protected health information in an emergency treatment situation. If this happens, your clinician will attempt to obtain your acknowledgment of this Notice as soon as reasonably practicable after the delivery of treatment.

### USES AND DISCLOSURES FOR HEALTH-RELATED BENEFITS OR SERVICES

From time to time, Luxe Medical Inc ,may use and disclosure protected health information to tell you about certain health related benefits or services that may be of interest to you.

### USES AND DISCLOSURES REQUIRED BY LAW

We will use or disclose protected health information about you when required to do so by federal, state, or local law. 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, if the law requires us to do so, of any such uses or disclosures. We 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 law.

#### USES AND DISCLOSURES RELATED TO COMMUNICABLE DISEASES

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

#### DISCLOSURES FOR HEALTH OVERSIGHT ACTIVITIES

We may disclose protected health information to a health oversight agency for activities authorized by law. These activities include, for example, audits, investigations, and inspections. These activities are necessary for the government to monitor the health care system, the delivery of health care, government benefit programs, other government regulatory programs and civil rights laws.

#### DISCLOSURES TO THE FOOD AND DRUG ADMINISTRATION

We may disclose your protected health information to a person or company required by the Food and Drug Administration (FDA) to report adverse events, product defects or other problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements; or to conduct post-market surveillance, as required.

#### DISCLOSURES FOR LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court order or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

#### DISCLOSURES TO LAW ENFORCEMENT

We may release protected health information if asked to do so by a law enforcement official, in response to a court order, subpoena, warrant, summons, or similar process.

Other related disclosures may include disclosures relating to individuals who are Armed Forces personnel, to national security and intelligence agencies, as well as disclosures to authorized federal officials for the protection of the President of the United States or other authorized persons or foreign heads of state.

#### DISCLOSURES TO CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATION

We may disclose protected health information about you to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties required by law. We may also disclose protected health information about you to a funeral director in order to permit the funeral director to carry out legal duties, and may do so if death is reasonably anticipated. Your protected health information may also be disclosed for certain organ donations to which you may have agreed.

#### DISCLOSURES FOR RESEARCH

We may disclose your protected health information to researchers when their research has been approved and protocols have been established to ensure the privacy of your information. We may also disclose a limited set of your information, as allowed under the law, for research purposes.

#### DISCLOSURES RELATED TO CRIMINAL ACTIVITY

We may disclose your protected health information, consistent with federal and new york laws, if we believe that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, or if it is necessary for law enforcement authorities to identify or apprehend an individual.

#### DISCLOSURES FOR WORKERS' COMPENSATION

We may release protected health information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

#### YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

##### RIGHT TO INSPECT AND COPY

You have the right to inspect and copy protected health information that may be used to make decisions about your medical care. Usually this right includes both medical and billing records. You must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Your request to inspect and copy your

information may only be denied in very limited circumstances and you have a right to request that any such denial be reviewed.

#### RIGHT TO REQUEST RESTRICTIONS

You have the right to request that we restrict the use and disclosure of your protected health information for treatment, payment and health care operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to 11 West Prospect Avenue Mount Vernon NY 10598 mailbox 19. In your request, you must tell us:

- What information you want to limit.
- Whether you want to limit our use, disclosure, or both.
- To whom you want the limits to apply.

#### RIGHT TO CONFIDENTIAL COMMUNICATIONS

You also have the right to request to receive private health information communications (such as appointment confirmations) by alternative means or at alternative locations. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to 11 West Prospect Avenue Mount Vernon NY 10598 mailbox 19. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

#### RIGHT TO AMEND

If you feel that the protected health information we have about you is incorrect or incomplete, you have the right to request that your protected health information be amended. Only the health care entity (e.g., doctor, hospital, clinic, etc.) that created your protected health information is responsible for amending it. For more information regarding the procedures for submitting such a request, contact 11 West Prospect Avenue Mount Vernon NY 10598 mailbox 19

#### RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this notice at any time.

You may obtain a copy of this Notice at our website: <https://www.luxemedicalspa.com> To obtain a paper copy of this Notice, contact via email at [luxemedicalinc@gmail.com](mailto:luxemedicalinc@gmail.com)

#### CHANGES TO THIS NOTICE

Luxe Medical Inc reserves the right to change this notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you, as well as any information we create or receive in the future. We will post a copy of the current Notice on [Luxemedspa.com](http://Luxemedspa.com). The Notice will contain, in the top right-hand corner, the effective date.

#### COMPLAINTS

If you believe your privacy rights have been violated and/or that Luxe Medical Inc has not followed this policy, you may file a complaint with the Luxe Medical Inc or with the Secretary of the Department of Health and Human Services.

To file a complaint with Luxe Medical Inc, mail to 11 West Prospect Avenue Mount Vernon NY 10598 mailbox 19. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

#### OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of your protected health information not covered by this notice or the laws that apply to Luxe Medical Inc will be made only with your written permission (“authorization”). If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the medical treatment or other services that we have provided to you.

#### QUESTIONS?

If you have any questions regarding this notice, please contact [luxemedicalinc@gmail.com](mailto:luxemedicalinc@gmail.com)