

Notice of Privacy Practices



This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Our Commitment to Your Privacy

Limelight Medical Aesthetics is committed to protecting the privacy and security of your personal health information in accordance with the Health Insurance Portability and Accountability Act (**HIPAA**) and applicable state laws. This Notice explains our legal duties and privacy practices regarding your protected health information (**PHI**).

How We May Use and Disclose Your Information

For Treatment

We may use and share your health information to provide, coordinate, or manage your care. This includes sharing information with healthcare providers involved in your treatment.

For Payment

We may use and disclose your information to bill and receive payment for services provided. This may include communication with insurance companies or third-party payers when applicable.

For Healthcare Operations

We may use and disclose your information for practice operations, such as quality improvement, staff training, audits, and compliance activities.

As Required by Law

We may disclose your health information when required to do so by federal, state, or local law, including court orders or legal proceedings.

Business Associates

We may share your information with trusted third-party service providers who assist in operating our practice. These parties are required by law to protect your information.

Public Health & Safety

We may disclose information for public health activities, reporting, or to prevent a serious threat to health or safety, as permitted by law.

Your Rights

You have the right to:

- Access and obtain a copy of your health information
- Request corrections or amendments to your records
- Request restrictions on certain uses or disclosures (we are not required to agree in all cases)
- Request confidential communications, such as alternative contact methods
- Request an accounting of certain disclosures, as permitted by law
- Receive a paper or electronic copy of this Notice upon request

Requests must be submitted in writing. We will respond within the timeframes required by law.

Our Responsibilities

Limelight Medical Aesthetics is required by law to:

- Maintain the privacy and security of your protected health information
- Notify you following a breach of unsecured protected health information
- Follow the duties and privacy practices described in this Notice

Changes to This Notice

We reserve the right to modify this Notice at any time. Any changes will apply to all health information we maintain and will be available upon request and on our website.

Questions or Complaints

If you have questions about this Notice or believe your privacy rights have been violated, you may contact:

Limelight Medical Aesthetics

971-808-4759

info@limelightmedicaaesthetics.com

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.

Acknowledgment

You may request a copy of this Notice at any time. A signed acknowledgment of receipt is not required to receive care.