SKIN-LOUETTE

Notice of Privacy Practices (HIPAA)

Luxury Aesthetics & Wellness · Atlanta, GA Effective 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.

SECTION 1 — WHO WE ARE

Skin-Louette LLC ("Skin-Louette," "we," "us," or "our") is a licensed medical wellness business operating in Atlanta, Georgia under the medical direction of a licensed physician. We provide **mobile concierge IV therapy services delivered at client-selected locations** including private residences, hotels, and other preferred locations. We are committed to protecting your health information and complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all applicable Georgia state privacy laws.

SECTION 2 — YOUR PROTECTED HEALTH INFORMATION (PHI)

Protected Health Information (PHI) includes any information that:

- Relates to your past, present, or future physical health or condition
- Relates to the provision of healthcare services to you
- Relates to payment for healthcare services
- Can identify you or could reasonably be used to identify you

This includes your name, date of birth, address, medical history, treatment records, and any other information collected during your care with Skin-Louette.

SECTION 3 — HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for the following purposes WITHOUT your specific authorization:

Text/SMS Communication: We may use your phone number to send appointment reminders, confirmations, and follow-up care instructions via text/SMS message. By providing your phone number and receiving services from Skin-Louette, you consent to receiving text messages related to your care. Standard message and data rates may apply. You may opt out at any time by replying STOP to any message.

Electronic Communication Disclaimer: While Skin-Louette uses reasonable safeguards to protect your health information, electronic communication methods such as SMS text messages and email may carry inherent privacy risks. Unencrypted SMS and standard email are not fully HIPAA-secure transmission methods. By consenting to electronic communication you acknowledge and accept these inherent risks. If you prefer all communication be conducted via encrypted methods only please notify us in writing.

Treatment: We use your health information to provide, coordinate, and manage your care. For example, your RN will review your health history and intake form before every session to ensure safe and appropriate treatment.

Operations: We may use your information for business operations including quality improvement, training, and compliance activities.

Physician Medical Direction: Your health information is shared with our supervising physician as required for medical oversight, standing orders, chart review, and clinical consultation.

As Required by Law: We may disclose your health information when required by federal, state, or local law, including public health reporting requirements.

Emergency Situations: In a medical emergency, we will share your health information with emergency medical personnel (EMS/911) to ensure your safety.

Health Oversight: We may disclose your health information to health oversight agencies such as the Georgia Board of Nursing for audits, investigations, or inspections.

SECTION 4 — USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

The following uses require your written authorization:

- Marketing purposes
- Sale of your health information
- Most uses of psychotherapy notes
- Any use not described in this notice

You have the right to revoke any authorization at any time in writing. Revocation will not apply to information already disclosed in reliance on your previous authorization.

SECTION 5 — YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

Access your records: You may request a copy of your health records at any time. We will provide access within 30 days of your request.

Request corrections: If you believe information in your record is incorrect or incomplete, you may request a correction. We will respond within 60 days.

Request restrictions: You may request that we limit how we use or disclose your information. We will consider your request but are not always required to agree.

Request confidential communications: You may request that we communicate with you in a specific way or at a specific location.

Receive an accounting of disclosures: You may request a list of disclosures we have made of your health information for the past 6 years.

Receive a copy of this notice: You may request a paper copy of this notice at any time.

File a complaint: If you believe your privacy rights have been violated, you may file a complaint with Skin-Louette or with the U.S. Department of Health and Human Services Office for Civil Rights at `www.hhs.gov/ocr/privacy`.

We will never retaliate against you for filing a complaint.

SECTION 6 — HOW WE PROTECT YOUR INFORMATION

Skin-Louette is committed to maintaining the security and confidentiality of your health information. We implement the following safeguards:

- All digital records stored using HIPAA-compliant, encrypted platforms
- Access to records limited to authorized personnel only
- Paper records stored securely and disposed of appropriately
- Staff trained on HIPAA privacy and security requirements
- Business Associate Agreements (BAAs) in place with all third-party vendors who access PHI

SECTION 7 — CHANGES TO THIS NOTICE

We reserve the right to change this Notice of Privacy Practices at any time. Any changes will be effective for all health information we maintain. Updated notices will be available upon request and on our website at `skinlouette.com`.

SECTION 8 — CONTACT INFORMATION

For questions, concerns, or to exercise any of your rights described above, please contact:

Privacy Officer: Skin-Louette LLC **Email:** hello@skinlouette.com **Phone:** (470) 408-5090 **Mailing Address:** 600 W Peachtree St NW Ste 1700 PMB 435, Atlanta GA 30308

SECTION 9 — ACKNOWLEDGMENT & SIGNATURE

By signing below, I acknowledge that I have received, read, and understand the Skin-Louette Notice of Privacy Practices. I understand how my protected health information may be used and disclosed, and I understand my rights regarding my health information.

I also acknowledge that:

- I have been given the opportunity to ask questions
- I understand I may request a copy of this notice at any time
- My treatment will not be conditioned on signing this acknowledgment

---

Client Name (printed): _____

Client Signature: _____

Date: _____

For clients unable to sign:

Reason unable to sign: _____

Representative Name: _____

Representative Signature: _____

Relationship to Client: _____

Date: _____

RN Acknowledgment:

I confirm this notice was presented to the client prior to or at the time of first service.

RN Signature: _____ Date: _____

RN License #: _____

Skin-Louette LLC · Luxury Aesthetics & Wellness · Atlanta, GA hello@skinlouette.com · skinlouette.com · (470) 408-5090 600 W Peachtree St NW Ste 1700 PMB 435, Atlanta GA 30308