



In Between PCP and Med-Spa – Notice of Privacy Practices

This Notice of Privacy Practices describes how your medical information may be used and disclosed, and how you can access this information. Please review it carefully. Protecting your privacy and the confidentiality of your medical information is of the utmost importance to us.

Uses and Disclosures of Health Information

We may use and disclose your health information for purposes of treatment, payment, and healthcare operations. We may also disclose information as required by law or with your authorization.

Your Rights

You have the right to inspect and obtain a copy of your medical record, request corrections, request restrictions, and receive an accounting of disclosures. You may also request confidential communications.

Our Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of our legal duties and privacy practices.

Changes to This Notice

We reserve the right to make changes to this notice and apply those changes to medical information we already have. The revised notice will be available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Contact Information:

In Between PCP and Med-Spa
1732 Lakefront
Shreveport, LA 71119
Email: Inbetweenpcpandmedspa@gmail.com

Privacy Contact: Darnae Hughes, Office Manager
Phone: (insert phone number if desired)

Patient Acknowledgment:

I acknowledge that I have received and reviewed the Notice of Privacy Practices for In Between PCP and Med-Spa.

Patient Name

Signature

Date: _____