GET WELL MEDS

NOTICE OF PRIVACY PRACTICES

Aesthetics and Lifestyle Clinic

Westminster Office
1499 West 120th Ave., Suite 110
Westminster, CO 80234
Phone/Text: 720-252-4537
Email: contact@getwellmeds.com
Effective Date: January 1, 2026

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.

If you have any questions about this notice, please contact our **HIPAA Compliance & Privacy Officer** at Get Well Meds.

OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI).
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of the notice that is currently in effect.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe the different ways we may use and disclose your health information. Except for the purposes described below, we will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment

We can use your health information and share it with other professionals who are treating you. For example, a doctor treating you for a specific condition may need to know if you have other health concerns or are taking certain medications to manage your treatment safely.

For Payment

We can use and share your health information to bill and get payment from health plans, insurance companies, or other third parties. For example, we may provide details to your insurance provider so they can process coverage or reimbursement for your clinical services.

For Health Care Operations

We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information in our operations to manage, evaluate, and optimize the quality of our medical services.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits

We may use and disclose your health information to contact you as a reminder that you have an appointment. We may also contact you to provide information about treatment alternatives, therapies, or other health-related benefits and lifestyle programs that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

When appropriate, we may share health information with a family member, close friend, or other person identified by you who is involved in your medical care or payment. In emergency scenarios or disaster relief efforts, we may also disclose your general condition and location to family or coordinating entities.

Research

Under specific criteria, we may use and disclose your health information for health research. All research projects go through a strict protocol to ensure patient privacy before any data is utilized.

SPECIAL SITUATIONS & PUBLIC REQUIREMENTS

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes:

- **As Required by Law:** We will disclose your health information when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety:** We can share health information about you to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Business Associates:** We may disclose information to third-party business associates who perform functions on our behalf (e.g., billing, IT support, software platforms). All business associates are legally required to sign contracts committing to safeguard your PHI.
- **Workers' Compensation & Law Enforcement:** We may share your info for workers' compensation claims, for law enforcement purposes, or with law enforcement officials when authorized by law.
- **Public Health Risks:** We may disclose your information to prevent or control disease, report adverse medication reactions, report suspected abuse, neglect, or domestic violence, or notify individuals of product recalls.
- **Oversight Activities:** We may share information with health oversight agencies for activities authorized by law, such as audits, examinations, investigations, and licensure inspections.
- **Lawsuits, Disputes, and Legal Proceedings:** We may disclose your health information in response to a court order, administrative order, subpoena, or lawful discovery request.
- **Specialized Government Functions:** We may release health information to authorized federal officials for military, national security, presidential protective services, or intelligence activities.

USES AND DISCLOSURES THAT REQUIRE YOU TO AGREE OR OBJECT

Unless you object, we may share your information with family, close friends, or others involved in your care, or in a disaster relief scenario. If you are unable to agree or object (such as if you are unconscious), we may share your information if we determine it is in your best clinical interest.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES

Specific highly sensitive uses and disclosures will **never** be made without your explicit, written authorization:

1. Uses and disclosures of your health information for marketing purposes.
2. Disclosures that constitute a sale of your protected health information.

3. Most disclosures of psychotherapy or psychiatric counseling notes (if applicable).

Any other uses and disclosures not covered by this notice will be made only with your written authorization. You may revoke this authorization in writing at any time.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the medical information we maintain about you:

Right to Access, Inspect, and Copy

You have the right to inspect and obtain an electronic or paper copy of your medical and billing records. To do so, please submit a written request to our Privacy Officer. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee for copying, mailing, or transmission labor.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or healthcare operations. While we are not required to agree to all requests, **we must agree if you ask us not to share information with your health insurance plan for the purposes of payment or healthcare operations, and you have paid for the service entirely out-of-pocket (in full)**.

Right to Request Confidential Communications

You have the right to request that we communicate with you in a specific way (for example, call cell phone only, or send mail to a specific post office box). We will accommodate all reasonable requests.

Right to Amend

If you feel that medical or billing information we have is incorrect or incomplete, you may ask us to amend it. To request an amendment, your request must be made in writing to our Privacy Officer and must provide a supporting reason. We may deny your request if we believe the information is accurate and complete, or if we did not create the record.

Right to an Accounting of Disclosures

You can ask for a list (accounting) of the times we have shared your health information for up to six years prior to the date of your request, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, health care operations, or those you explicitly authorized.

Right to a Paper Copy of This Notice

You are entitled to a paper copy of this notice at any time, even if you have agreed to receive this notice electronically.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. The updated notice will apply to all information we currently have as well as any future information we receive. We will post a copy of the current notice in our office and on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you can file a written complaint with our office or with the Secretary of the U.S. Department of Health and Human Services (HHS). **You will not be penalized or retaliated against in any way for filing a complaint.**

To file a complaint or request records, please contact:
HIPAA Compliance & Privacy Officer
Practice: Get Well Meds - Aesthetics and Lifestyle Clinic
Address: 1499 West 120th Ave., Suite 110, Westminster, CO 80234
Phone/Text: 720-252-4537
Email: contact@getwellmeds.com
Website: www.getwellmeds.com

Patient Acknowledgment of Receipt

By signing below, I acknowledge that I have received a copy of Get Well Meds' HIPAA Notice of Privacy Practices.

Patient Name (Print): _____ **Date of Birth:** _____

Patient Signature: _____ **Date:** _____