

Notice of Privacy Practices

This notice describes how we may use protected health information. These practices will be used only by health care professionals authorized to enter information into your chart, all departments and units of the company, Anti-Aging & Wellness Atlanta, and its subsidiaries. All these entities follow the terms of this notice. In addition, these entities may share medical information for treatment, payment or operations purposes described in this notice.

This notice applies to all of the records created or received by Anti-Aging & Wellness Atlanta in connection with your care, whether made by company personnel or your physician. This notice will describe to you how we may use and disclose your medical information, the rights you have and our obligations regarding the use and disclosure of your health information.

We will take appropriate steps so your identifiable health information will remain private. We will give you this notice of our privacy practices and responsibilities as to your health information and abide by the conditions of the notice in effect.

I. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose medical information. For each category we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment. We may use medical information about you to provide you with medical treatment, pharmaceutical supplies or services. We may disclose medical information about you to doctors, pharmacists, nurses, technicians or other medical personnel who are involved in taking care of you. For example, different departments of the company may share medical information about you in order to coordinate different things you need, such as prescriptions, supplies and services. We also may disclose medical information about you to outside people who may be involved in your care, such as family members or others who provide services as part of your care.

Payment. We may use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from your insurance company, a third party or yourself. For example, should we accept third party payment, we may need to give information about medication, supplies and services you received to your health plan so we can be reimbursed for the services rendered. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations. We may use and disclose your medical information for company operations that are necessary to make sure that all of our customers receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff. We may also combine medical information about many customers to decide what additional services we should offer, what services are not needed, and whether certain new services are effective. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer.

II. OTHER USES AND DISCLOSURES

We may also use or disclose information for the following other reasons:

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have a scheduled delivery or an appointment for treatment with us.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner or to funeral directors to carry out their responsibilities.

Fundraising. We may use medical information about you to contact you in an effort to raise money for a hospital and its operations. We may disclose medical information to a foundation related to us so that the foundation may contact you in raising money. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services. If you do not want anybody to contact you for fundraising efforts, you must notify the Privacy Officer, Anti-Aging & Wellness Atlanta, in writing.

Health Oversight. We may disclose medical information to a health oversight agency for activities authorized by law.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official to protect your health and safety or the health and safety of others or for safety and security reasons.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care, or to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in emergency or other relief situations so that your family can be notified about your condition, status and location.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, to identify or locate a suspect, fugitive, witness, or missing person, if you are a victim of a crime, about a death that may be the result of criminal conduct, or in other circumstances related to the commission of a crime.

Lawsuits and other Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Military. If you are or were a member of the military, we may release medical information about you as required by military authorities.

National Security and Intelligence. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations as necessary.

Public Health Risks. We may disclose medical information about you for public health activities such as preventing disease, reporting births and deaths, child abuse or neglect, problems with products, etc.

Required By Law. We will disclose medical information about you if required by federal, state or local law.

Research. Under certain circumstances, we may use and disclose medical information about you for a research project. Such research will be subject to an approval process that will weigh the research objectives with your need for privacy. Before we use or disclose medical information for research, the project will have been approved through this research approval process. However, we may disclose medical information about you to people preparing to conduct a research project.

Threats. We may use and disclose your medical information to prevent a serious threat to your health and safety, another person or the public. Such a disclosure would be to an individual who would be in a position to help prevent the threat.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs.

III. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Accounting. You have the right to request an "accounting of disclosures" of not longer than six years prior. This is a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Privacy Officer, Anti-Aging & Wellness Atlanta We will provide you with one list within a 12 month period without charge and additional lists may be obtained for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Amendment. If you believe that your medical information is not correct or complete, you may ask us to amend the information. Your request must be made in writing and submitted to the Privacy Officer of Anti-Aging & Wellness Atlanta. You must provide the reason(s) why you believe the amendment is warranted.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us (unless the person or entity that created the information is no longer available to make the amendment), is not part of the information which you would be permitted to inspect and copy; or is complete and accurate.

Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy such information, you must submit your request in writing to the Privacy Officer of Anti-Aging & Wellness Atlanta. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies in connection with your request.

We may deny your request to inspect and copy in certain instances. If we do deny access to medical information, you may request a review by another licensed health care professional chosen by us.

Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. To obtain a paper copy of this notice, please send a written request to the Privacy Officer of Anti-Aging & Wellness Atlanta. You may also obtain a copy of this notice at our website, www.fibrocenters.com.

Requesting Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you (if we are not otherwise required to disclose). However, please be aware that we are not required to agree to such a request. If we do agree to your request, we will comply unless the information is needed in an emergency.

To request restrictions, you must make your request in writing to the Privacy Officer, Anti-Aging & Wellness Atlanta. Your request must state the information you want to limit; whether you want to limit our use, disclosure or both; and the individuals to whom the request applies.

Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a particular way or place. You must make your request in writing to the Privacy Officer, Anti-Aging & Wellness Atlanta. We will accommodate all reasonable requests.

IV. NOTICE REVISIONS

We reserve the right to revise and modify this notice including for medical information we already have about you as well as any information we receive in the future. We will post a current copy of the notice on our website and in our office. The notice will contain the effective date on the first page. We will offer you a copy of the current notice in effect. In addition, each time you visit us for treatment or health care services.

V. COMPLAINTS

If you feel that your rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. If you want to file a complaint with us, contact the Privacy Officer, Anti-Aging & Wellness Atlanta. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have read and received a copy of the Anti-Aging and Wellness Atlanta Notice of Privacy Practices.

Client Signature

Date

AVC Representative

Date