Notice of Privacy Practices

Effective Date: August 23, 2025

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:
At **Functional Aesthetics, LLC**, located at **969 Reading Rd, Suite N, Mason, OH 45040**, we are dedicated to protecting your medical information. We are required by law to maintain the privacy of your protected health information (PHI) and to follow the terms of this Notice.

How We May Use and Disclose Your Medical Information

We may use or share your PHI to provide care, process payments, and support our healthcare operations, including:

- **Treatment, Payment, and Healthcare Operations** – To provide care, bill for services, review quality of care, staff training, and licensing.
- **Appointment Reminders** – To notify you of upcoming visits.
- **Treatment Information** – To provide information about treatment alternatives or other health-related benefits.
- **Health Oversight** – For audits, investigations, inspections, licensure, or disciplinary actions.
- **Abuse, Neglect, or Violence** – When required by law.
- **Legal Proceedings and Law Enforcement** – As authorized or required.
- **Organ Donation** – If you are a donor.
- **Research** – If approved by an Institutional Review Board or privacy board.
- **Public Safety** – To prevent or lessen a serious threat to health or safety.
- **Worker's Compensation** – As authorized by law.
- **Business Associates** – Only with contracted partners who safeguard your PHI.

Authorizations

We will not use or disclose your PHI for purposes outside the above without your written authorization. You may revoke your authorization at any time in writing by contacting our office.

Contact for Authorization:
Dr. Naila Goldenberg, MD
Functional Aesthetics, LLC
969 Reading Rd, Suite N
Mason, Ohio 45140
Phone: 513-604-1004

Your Rights Regarding Your Medical Information

You have the following rights:

1. **Request Restrictions** – Ask us to limit uses or disclosures of your PHI.
2. **Confidential Communications** – Request communications in a confidential manner.
3. **Access and Copies** – Inspect and copy your medical records (subject to certain exceptions and reasonable fees).
4. **Amend Records** – Request corrections; we may deny for specific reasons but will provide a written explanation.
5. **Accounting of Disclosures** – Receive a record of certain PHI disclosures over the last five years.
6. **Receive Paper Copy** – Request a printed copy of this Notice.
7. **File a Complaint** – Contact us or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated.

HHS Contact:
U.S. Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201

Changes to this Notice

We may update this Notice at any time. Any revisions will apply to all PHI we maintain. Updated Notices will be posted at our office and available upon request.