NOTICE OF PRIVACY PRACTICES

Functional Aesthetics, LLC d/b/a Regenerative Aesthetics

Effective Date: August 8, 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.

Your Information. Your Rights. Our Responsibilities.

Functional Aesthetics, LLC, doing business as Regenerative Aesthetics, is committed to protecting the privacy and security of your protected health information (PHI). This Notice explains your rights, our legal duties, and how we may use and disclose your health information as permitted or required by law.

Your Rights at a Glance

- Get an electronic or paper copy of your medical record
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit certain uses or disclosures
- Get an accounting of certain disclosures
- Get a paper copy of this Notice
- Choose someone to act for you
- File a complaint if you believe your rights were violated

Your Rights

Get an electronic or paper copy of your medical record

- You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you. Ask our office how to make this request.
- We will generally provide a copy or summary within the time required by applicable law. We may charge a reasonable, cost-based fee when permitted by law.

Ask us to correct your medical record

- You may ask us to correct health information that you believe is incorrect or incomplete.
- We may deny the request in certain circumstances, but if we do, we will explain the reason in writing as required by law.

Request confidential communications

- You may ask us to contact you in a specific way, such as at a particular phone number, email address, or mailing address.
- We will accommodate reasonable requests as required by law.

Ask us to limit what we use or share

- You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We are not always required to agree, except where the law requires us to do so.
- If you pay for a health care service or item out-of-pocket in full, you may ask us not to disclose information about that service or item to your health plan for payment or health care operations. We will honor that request unless a law requires disclosure.

Get an accounting of certain disclosures

- You may request a list of certain disclosures of your health information made during the period allowed by law, including who received the information and why it was disclosed.
- The accounting does not include every type of disclosure, such as many disclosures for treatment, payment, health care operations, or disclosures you specifically authorized.

Get a copy of this Notice

You may ask for a paper copy of this Notice at any time, even if you previously agreed to receive it electronically. We will provide a copy promptly.

Choose someone to act for you

If a person has legal authority to act as your personal representative, such as under a valid health care power of attorney or guardianship, that person may exercise your privacy rights on your behalf. We may verify the person's authority before acting on a request.

File a complaint if you believe your rights were violated

- You may complain to Functional Aesthetics, LLC d/b/a Regenerative Aesthetics by contacting the Privacy Contact listed at the end of this Notice.
- You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or through the HHS Office for Civil Rights complaint process.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share. If you have a clear preference, tell us and we will follow your instructions when the law gives you that choice.

- Share information with family members, close friends, or others involved in your care or payment for your care.
- Share information in a disaster relief situation.
- If you are unable to tell us your preference, we may share information when we believe it is in your best interest or when necessary to lessen a serious and imminent threat to health or safety, as permitted by law.

Uses That Generally Require Your Written Authorization

- Most uses and disclosures for marketing purposes that are not otherwise permitted by law.
- Sale of your protected health information.
- Most uses and disclosures of psychotherapy notes, if we maintain such notes.

If you authorize a use or disclosure in writing, you may revoke that authorization in writing at any time, except to the extent we have already acted in reliance on it.

How We Typically Use and Share Your Health Information

Treat you

We may use your health information and share it with physicians, clinicians, pharmacies, laboratories, and other professionals involved in your treatment or coordination of care.

Run our practice

We may use and share your health information for health care operations, including quality improvement, staff training, credentialing, licensing, compliance activities, scheduling, customer service, and management of our practice.

Bill for services

We may use and disclose your health information to bill and obtain payment from you, a health plan, or another responsible entity, when applicable.

Appointment reminders and treatment communications

We may contact you about appointments, follow-up care, treatment alternatives, health-related benefits, or services that may be relevant to your care. You may request reasonable restrictions on how we contact you.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose your health information without your written authorization when the law permits or requires it. These situations can include:

- Public health and safety activities, such as disease prevention, product recalls, reporting adverse reactions, or reporting suspected abuse, neglect, or domestic violence.
- Health oversight activities, including audits, inspections, licensure, accreditation, investigations, or disciplinary proceedings.
- Research activities that meet applicable legal and ethical requirements.
- Compliance with federal, state, or local law, including disclosures to the U.S. Department of Health and Human Services when required to demonstrate HIPAA compliance.
- Organ and tissue donation requests.
- Disclosures to coroners, medical examiners, and funeral directors when permitted by law.
- Workers' compensation claims and similar programs authorized by law.
- Certain law enforcement and government requests, including special government functions permitted by law.
- Court or administrative proceedings, including disclosures made in response to a valid court order, administrative order, subpoena, discovery request, or other lawful process, subject to applicable protections.
- Preventing or reducing a serious and imminent threat to a person's or the public's health or safety.
- Disclosures to business associates that perform services for us and are required by contract and law to safeguard protected health information.

Substance Use Disorder Records

To the extent that Functional Aesthetics, LLC d/b/a Regenerative Aesthetics receives or maintains substance use disorder patient records protected by 42 CFR Part 2, those records receive additional federal confidentiality protections. We will not use or disclose Part 2 records in civil, criminal, administrative, or legislative investigations or proceedings against you unless permitted by applicable law, including when supported by your written consent or a qualifying court order and subpoena.

Additional Protections Under State or Federal Law

Certain categories of health information may receive additional protection under Ohio or federal law. When another law provides greater privacy protection than HIPAA, we will follow the more protective requirement to the extent it applies.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the Notice that is currently in effect.
- We will not use or disclose your information other than as described in this Notice unless you authorize us in writing or another law permits or requires the use or disclosure.
- We will make this Notice available upon request, at our office, and on our website.

Changes to This Notice

We may change the terms of this Notice and the revised terms may apply to all health information we maintain, including information created or received before the change. When we make a material change, the updated Notice will be available upon request, in our office, and on our website.

Privacy Contact and Practice Information

Practice	Functional Aesthetics, LLC d/b/a Regenerative Aesthetics
Privacy Contact	Dr. Naila Goldenberg, MD
Address	969 Reading Rd N Mason, OH 45040
Phone	(513) 204-4483
Email	contact@regenspa.org