PRESCOTT PLASTIC SURGERY AND MED SPA, PLLC

NOTICE OF PRIVACY PRACTICES

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.

EFFECTIVE DATE: August 25, 2026

1. OUR LEGAL DUTY

Prescott Plastic Surgery and Med Spa, PLLC is required by law to maintain the privacy of your Protected Health Information (PHI), to provide you with this notice of our legal duties and privacy practices with respect to your PHI, and to notify you following a breach of unsecured PHI. We must follow the privacy practices described in this notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. If we make a significant change, we will update this notice and make the new notice available on our website and upon request in our office.

2. USES AND DISCLOSURES OF PHI FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

We may use and disclose your PHI without your explicit written authorization for the following purposes:

• TREATMENT: We may use or disclose your PHI to provide, coordinate, or manage your healthcare and related services. For example, we may disclose your information to another physician, specialist, or surgical facility involved in your care.

• PAYMENT: We may use and disclose your PHI so that the treatment and services you receive may be billed and collected from you, an insurance company, or a third party. For

example, we may send information to your health insurance plan to confirm coverage for a reconstructive procedure.

• HEALTHCARE OPERATIONS: We may use and disclose your PHI for our standard business operations. These activities include quality assessment, practitioner performance reviews, training programs, licensing, and general business management.

- Business Associates: We partner with external entities (e.g., medical billing companies, transcription services) to perform specific practice duties. These partners are legally bound by signed business associate agreements to maintain strict data protection protocols.

3. DISCLOSURES REQUIRING YOUR EXPLICIT AUTHORIZATION

Certain uses and disclosures of your health information require your explicit written authorization. Because we specialize in plastic surgery and medical spa treatments, please note the following:

• MARKETING, BEFORE-AND-AFTER PHOTOS, & SOCIAL MEDIA: We will never use or disclose your health information, clinical photography, before-and-after images, or surgical videos for marketing purposes, websites, or social media channels without your explicit, separate written authorization.

• PHARMACEUTICAL & PRODUCT PROMOTIONS: We will not sell your PHI or disclose your contact information to third-party skincare or pharmaceutical companies for marketing purposes without your written authorization.

• OTHER USES: Any other use or disclosure of your PHI not described in this notice requires your written authorization, which you may revoke in writing at any time.

4. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES

We may use or disclose your PHI without your authorization in the following situations as permitted or required by law:

• Public Health Risks (preventing disease, injury, or abuse)

• Health Oversight Activities (audits, investigations, and inspections)

• Judicial and Administrative Proceedings (in response to a court order or subpoena)

• Law Enforcement and National Security

• Coroners, Medical Examiners, and Funeral Directors

• To Avert a Serious Threat to Health or Safety

5. YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding the PHI we maintain about you:

• RIGHT TO INSPECT AND COPY: You have the right to inspect and obtain a paper or electronic copy of your medical and billing records. We may charge a reasonable, cost-based fee for copies.

• RIGHT TO AMEND: If you feel that health information we have is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing and provide a reason supporting the change.

• RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request a list of certain disclosures we have made of your PHI for purposes other than treatment, payment, healthcare operations, or those authorized by you.

• RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the PHI we use or disclose about you. We are not required to agree to your request, except if you request that we not disclose PHI to your health plan for payment or healthcare operations, and the PHI pertains solely to a healthcare item or service for which you have paid out-of-pocket in full.

• RIGHT TO CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (e.g., home phone, email, or a specific mailing address).

• RIGHT TO A PAPER COPY: You have the right to a paper copy of this notice at any time, even if you have agreed to receive it electronically.

6. COMPLAINTS AND CONTACT INFORMATION

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the U.S. Department of Health and Human Services (HHS). Filing a complaint will not affect the quality of your care or result in any retaliation.

To file a complaint, request a restriction, or ask questions about this notice, please contact our Privacy Officer at:

Prescott Plastic Surgery and Med Spa, PLLC

Attn: Privacy Officer

2507 Bush Ridge Drive, Suite B

Louisville, KY 40245

Phone: 502-589-8000

Email: Info@aesthetics.com