PRIVACY POLICY AND NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2025

Last Updated: July 15, 2026

Westport MediSpa, LLC is committed to protecting the privacy and security of your personal information and protected health information ("PHI"). This Privacy Policy and Notice of Privacy Practices explains how we collect, use, disclose, store, and protect information obtained through our offices, website, patient portal, telehealth platforms, electronic communications, and healthcare services.

Please read this Notice carefully.

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1. OUR LEGAL DUTIES

We are required by applicable federal and state laws to:

- Maintain the privacy and security of your Protected Health Information (PHI).
- Provide you with this Notice of Privacy Practices.
- Notify you following a breach of unsecured PHI when required by law.
- Follow the duties and privacy practices described in this Notice.
- Not use or disclose your PHI except as described in this Notice or otherwise authorized by you.

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2. INFORMATION WE COLLECT

We may collect the following categories of information:

A. Personal Information

- Name
- Address
- Phone number
- Email address
- Date of birth
- Emergency contact information
- Driver's license or government-issued identification
- Credit Card and Payment Information
- Insurance information where apllicable

B. Health Information

- Medical history
- Diagnoses
- Treatment records
- Medications
- Allergies
- Laboratory results
- Clinical Notes
- Procedure information
- Payment and billing information related to healthcare services
- Photographs or images used for treatment documentation

C. Website and Electronic Information

When you visit our website, we may automatically collect:

- IP address
- Browser type
- Device information
- Operating system
- Website usage data
- Referral URL's
- Cookies and similar technologies
- Appointment request information
- Form submission information

Information submitted through appointment requests, consultation forms, contact forms, online scheduling tools, patient portals, chat features, or similar website functionality may be collected, transmitted, stored, and processed by authorized service providers acting on our behalf.

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3. HOW WE USE YOUR INFORMATION

We may use your information for the following purposes:

Treatment

We may use and disclose your PHI to provide, coordinate, and manage your healthcare services.

Examples include:

- Assessing your condition
- Developing treatment plans

- Providing treatment recommendations
- Coordinating care with healthcare providers
- Referrals to specialists when appropriate

Payment

We may use and disclose information to:

- Verify insurance eligibility and benefits
- Obtain payment for services rendered
- Process credit card transactions
- Facilitate financing options requested by you
- Collect outstanding account balances

Healthcare Operations

We may use information to:

- Improve patient care and services
- Conduct quality assurance activities
- Train and supervise personnel
- Perform audits and compliance reviews
- Maintain accreditation and licensing requirements
- Evaluate provider performance
- Manage business operations
- Accreditation and licensing activities

Communications

We may contact you regarding:

- Appointments and scheduling
- Appointment reminders
- Treatment follow-up
- Prescription information
- Billing matters
- Patient portal notifications
- Operational or practice-related communications

Communications may occur via telephone, voicemail, email, text message, patient portal, or mail, subject to your communication preferences and applicable law.

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4. OTHER PERMITTED DISCLOSURES

We may disclose information without your written authorization when required or permitted by law, including:

- Public health activities
- Communicable disease reporting
- Health oversight activities
- FDA reporting requirements
- Abuse, neglect, or domestic violence reporting
- Judicial and administrative proceedings
- Law enforcement requests
- Workers' compensation matters
- Coroners, medical examiners, and funeral directors
- Organ and tissue donation programs
- Approved research activities
- National security and protective services activities
- Correctional institution requirements

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5. DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will obtain your written authorization before:

- Using PHI for certain marketing purposes
- Selling PHI where prohibited by law
- Disclosures not otherwise permitted under HIPAA or applicable law
- Any other use or disclosures requiring authorization

You may revoke your authorization at any time in writing, except to the extent we have already relied on your authorization.

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6. THIRD-PARTY SERVICE PROVIDERS

We may use trusted third-party vendors and service providers to help us operate our business and provide healthcare services.

Examples include:

- Electronic medical record providers
- Practice management platforms

- Scheduling software
- Payment processors
- Financing companies selected by you
- Cloud storage providers
- Telecommunication providers
- Telehealth providers
- Secure messaging systems
- IT and cybersecurity vendors
- Website hosting and maintenance providers

Where required by law, we maintain appropriate Business Associate Agreements ("BAAs") with service providers that create, receive, maintain, or transmit PHI on our behalf.

We do not sell patient health information.

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7. WEBSITE COOKIES AND ANALYTICS

Our website may use:

- Cookies
- Analytics tools
- Security monitoring technologies
- Session management technologies

These technologies help us:

- Improve website performance
- Understand website usage patterns
- Secure our systems
- Enhance patient experience
- Improve website functionality

You may manage cookie settings through your browser preferences.

If we utilize analytics, advertising, appointment scheduling, patient communication, or other third-party tools, information collected through those technologies will be handled in accordance with this Privacy Policy and applicable law.

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8. HOW WE PROTECT INFORMATION

We maintain reasonable administrative, technical, and physical safeguards designed to protect information from unauthorized access, use, disclosure, alteration, or destruction.

Security may include:

- Encryption in transit using SSL/TLS technology
- Access controls and permission management
- Secure patient portals
- Password protection and authentication measures
- Workforce privacy and security training
- Audit logs and monitoring
- Secure data storage environments
- Risk assessment and incident response procedures

While no security method is guaranteed to be completely secure, we employ commercially reasonable measures to safeguard information entrusted to us.

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9. DATA RETENTION

We retain patient records and personal information for the period required by:

- HIPAA
- Connecticut law
- Professional licensing requirements
- Business and tax obligations
- Litigation hold requirements

Generally, adult patient records are retained for a minimum of seven (7) years following the last date of treatment unless a longer retention period is required by law or professional standards.

When retention periods expire, information is securely destroyed or de-identified where appropriate.

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10. YOUR RIGHTS

You have the following rights regarding your PHI.

Right to Access

You may inspect and obtain copies of your records, subject to legal exceptions.

Right to Amend

You may request correction or amendment of information you believe is inaccurate or incomplete.

Right to Electronic Copies

If your PHI is maintained electronically, you may request an electronic copy of your records in a readily producible format, subject to applicable legal limitations.

Right to Restrict Disclosures

You may request restrictions on certain uses or disclosures of your PHI.

Although we are not required to agree to every request, we will comply where required by law.

Right to Confidential Communications

You may request communications by alternative means or at alternative locations.

Right to an Accounting of Disclosures

You may request an accounting of certain disclosures made regarding your PHI.

Right to Receive a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time.

Right to Withdraw Authorization

You may revoke a prior authorization in writing.

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11. BREACH NOTIFICATION

If a breach of unsecured Protected Health Information occurs, we will notify affected individuals and governmental authorities as required by applicable federal and state law.

Where permitted by law, notifications may be provided by mail, email, telephone, website posting, substitute notice, or other legally authorized methods.

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12. CHILDREN'S PRIVACY

Our website and services are not directed to children except as necessary to provide legally authorized healthcare services.

We collect information from minors only when permitted by law and with appropriate parental, guardian, or legal authorization, unless otherwise permitted by applicable law.

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13. CONNECTICUT PRIVACY RIGHTS

Connecticut residents may have additional rights under applicable Connecticut privacy laws, including rights relating to access, correction, deletion, and obtaining information regarding certain personal information collected about them, subject to exemptions applicable to healthcare providers and Protected Health Information governed by HIPAA.

We will respond to qualifying requests in accordance with applicable federal and Connecticut law.

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14. CHANGES TO THIS NOTICE

We reserve the right to modify this Privacy Policy and Notice of Privacy Practices at any time.

Updated versions will be posted:

- On our website
- In our office
- Through the patient portal, where applicable

Changes become effective on the date listed in the revised notice.

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15. QUESTIONS OR COMPLAINTS

If you have questions regarding this Notice or wish to exercise your privacy rights, contact:

Privacy Officer
Westport Medispa, LLC
32 Imperial Avenue
Westport, CT 06880
Phone: (203) 227-5437
Email: Privacy@westportmedispa.com

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16. RIGHT TO FILE A COMPLAINT

You may file a complaint with us if you believe your privacy rights have been violated.

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights (OCR)
https://www.hhs.gov/ocr/privacy

You will not be retaliated against for filing a complaint.

PATIENT ACKNOWLEDGMENT

I acknowledge that I have received or been given the opportunity to review the Privacy Policy and Notice of Privacy Practices of **Westport Medispa, LLC**.

Patient Name: _____

Signature: _____

Date: _____