



BEAUTOX BAR

Beautox Bar LLC • 7372 Kirkwood Court N, Maple Grove, MN 55369
Beautox Bar WBL LLC • 4503 Allendale Drive, White Bear Lake, MN 55127
Phone: 763-205-6952 • Website: www.beautoxbar.com

HIPAA Notice of Privacy Practices and Acknowledgment

(Also referencing the Minnesota Health Records Act)

Effective Date: September 26, 2026

Client Name: _____

Purpose of This Notice

Beautox Bar LLC and Beautox Bar WBL LLC (together, “Beautox Bar,” the “Clinic,” or “we”) create and maintain health information about you in the course of providing care. This document is a summary of our Notice of Privacy Practices (NPP) and a written acknowledgment that you have received that notice, as required under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR § 164.520) and related federal standards in 45 CFR Parts 160 and 164 (Privacy, Security, and Breach Notification Rules). HIPAA uses the terms “individual” and “patient”; on Beautox Bar forms we generally say “Client.”

HIPAA does not require you to consent to treatment, payment, or health care operations uses of protected health information (PHI). Instead, we must give you this Notice and make a good-faith effort to obtain your written acknowledgment of receipt at or before the first service delivery. A full Notice of Privacy Practices is available on request and is posted at our clinics. Additional information about HIPAA is available at www.hhs.gov.

How We Use and Disclose Your Health Information

We may use and disclose your PHI without a separate written authorization when permitted by HIPAA for:

- Treatment — to provide, coordinate, or manage your care (for example, among our clinicians and staff involved in your services).
- Payment — to bill and collect for services, including with insurers or other payers when applicable.
- Health care operations — quality improvement, training, credentialing, business planning, and similar clinic operations.
- As required by law — including mandated reporting, valid court orders or other legal process, and certain public-health activities, when applicable.

For most other uses and disclosures—including many releases to third parties—we will obtain your valid written authorization when required. Under Minnesota law (see below), many releases of health records still require your signed, dated consent even when federal HIPAA would otherwise allow the disclosure. When state law is more protective of your privacy, we follow the more protective rule.



Marketing. We will not use or disclose your PHI for marketing that requires an authorization under HIPAA unless you sign a separate written authorization. (If Beautox Bar uses a clinical photography or marketing authorization form, that form—not this Notice—governs those uses.) Appointment reminders and treatment-related communications are generally allowed and are not treated as marketing under HIPAA.

Minnesota Health Records Act

Minnesota's Health Records Act (Minn. Stat. §§ 144.291–144.298) often requires a patient's signed, dated consent before a provider may release health records, except for specific statutory exceptions (for example, a medical emergency when the patient is unable to consent; disclosures to other providers within related health care entities for current treatment; and certain facility or other situations described in the statute).

You generally have a right to access your health records within thirty (30) calendar days of a written request. Copy fees, if any, are limited by Minn. Stat. § 144.292. Minnesota also requires notice of certain patient rights regarding health records; this Notice and our posted/full NPP are intended to help meet those notice expectations in plain language.

Business Associates

We may share PHI with vendors and other “business associates” who perform services for us (for example, billing, information technology, or transcription), but only under written business associate agreements (BAAs) that require them to safeguard your information as required by HIPAA.

Communications (Including Appointment Reminders)

We may contact you about appointments, follow-up care, and related clinic matters by telephone, email, text message, or U.S. mail, as you request or as is reasonably convenient, using reasonable safeguards. Please tell us your preferred contact methods and any confidential-communication preferences (for example, an alternative address or phone number).

Your Rights Regarding Your Health Information

Under HIPAA (and, where applicable, Minnesota law), you generally have the right to:

- Inspect and obtain a copy of your PHI in our designated record set (subject to limited exceptions).
- Request an amendment to PHI you believe is incorrect or incomplete (we may deny the request in certain circumstances and will explain why).
- Receive an accounting of certain disclosures of your PHI.
- Request restrictions on certain uses or disclosures. We are not always required to agree, except when you pay out of pocket in full for an item or service and ask us not to disclose PHI about that item or service to a health plan for payment or health care operations purposes (45 CFR § 164.522).
- Request confidential communications of PHI by alternative means or at alternative locations.
- Receive notice of a breach of unsecured PHI when required by law.



- Obtain a paper copy of this Notice (summary) and of the full NPP at any time, even if you agreed to receive it electronically.
- File a complaint with the Clinic and/or with the U.S. Department of Health and Human Services, Office for Civil Rights, without retaliation (see Complaints below).

Complaints

If you believe your privacy rights have been violated, you may bring your concern to our Privacy Officer / Clinic Manager at either clinic location, or by calling 763-205-6952:

- Beautox Bar LLC — 7372 Kirkwood Court N, Maple Grove, MN 55369
- Beautox Bar WBL LLC — 4503 Allendale Drive, White Bear Lake, MN 55127

You also have the right to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). Information is available at www.hhs.gov/ocr. We will not retaliate against you for filing a complaint.

Changes to This Notice

Beautox Bar may revise this Notice of Privacy Practices from time to time. Material changes will be posted and made available at our clinics (and we may also post an updated version on www.beautoxbar.com). A new written acknowledgment of receipt is not required solely because the NPP is revised; however, you may request a current copy of the Notice at any time. This acknowledgment does not bind you to future policy changes without notice.

Acknowledgment of Receipt

By signing below, I acknowledge that I have received Beautox Bar's Notice of Privacy Practices (this summary). I understand that the full Notice of Privacy Practices is available on request and is posted at the clinics. I have had an opportunity to ask questions about this Notice, and my questions have been answered to my satisfaction.

Client Name (print): _____

Client Signature: _____ **Date:** _____

Clinic Team Member Name (print): _____

Clinic Team Member Signature: _____ **Date:** _____

If acknowledgment not obtained (staff use only): reason _____ / staff initials _____ / date _____