

Notice of Privacy Practices

45 CFR § 164.520 · California Confidentiality of Medical Information Act, Civil Code § 56 et seq. · Health & Safety Code § 123100 et seq.

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: October 4, 2026

This notice applies to Angell Medical, Inc., doing business as Angell Medical Spa, and to everyone who works in our practice, including our physician, nurses, estheticians, and support staff. “Health information” means information that identifies you and relates to your health, your care with us, or payment for that care, including photographs taken for your treatment record.

Our Responsibilities

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly 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 this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you give us permission, you may change your mind at any time by letting us know in writing.
- Where California law gives your information more protection than federal law, we follow California law.

How We Use and Share Your Health Information

Treatment

We use your information to provide and coordinate your care. For example, your nurse injector and our supervising physician review your medical history before a treatment, and we send prescriptions to a pharmacy on your behalf.

Payment

We use your information to bill and collect for our services. For example, we process your card payment and confirm payment with a financing company you have chosen to use.

Health Care Operations

We use your information to run our practice and improve your care. For example, we review treatment outcomes for quality, train staff, and keep accurate financial records.

Appointment Reminders and Communications

We may contact you by phone, text message, or email to confirm appointments, send pre- and post-treatment instructions, and follow up on your care. You may ask us to contact you in a different way at any time. Our email and texting systems are operated by vendors who are contractually bound to protect your information. Email is encrypted in transit when your email provider supports it, but text messages and some email may travel over networks we don't control. We keep health details in these messages to a minimum. If you'd prefer we not use text or email for health information, tell us and we'll honor that.

Business Associates

We work with companies that perform services for us, such as our scheduling and electronic health record system, our phone and texting service, and our bookkeeper. They may receive your information only to do that work, and they are required by written agreement to protect it.

People Involved in Your Care

With your permission, or if you are present and do not object, we may share information with a family member or friend who is involved in your care or helps pay for it. In an emergency, we will use professional judgment about what is in your best interest.

Programs You Ask Us to Use

When you ask us to, we share the details needed to credit your treatment to a manufacturer rewards program you have joined. We share only what that program needs to apply your reward.

Other Uses and Disclosures Permitted or Required by Law

We may share your information without your written permission in the following situations, only as the law allows and only the minimum necessary:

- **Required by law:** when federal, state, or local law requires it.
- **Public health and safety:** reporting adverse reactions to medications or devices, preventing disease, reporting suspected abuse or neglect, or preventing a serious threat to someone's health or safety.
- **Health oversight:** to agencies such as the Medical Board of California for audits, investigations, and licensing.
- **Lawsuits and legal actions:** in response to a court order, subpoena, or other lawful process.
- **Law enforcement:** in response to a warrant, court order, or subpoena, or as otherwise required by law.
- **Coroners, medical examiners, and funeral directors,** and for **organ and tissue donation.**
- **Workers' compensation:** as needed to process a claim.

- Research:** only under strict privacy safeguards approved as the law requires.
- Compliance review:** to the U.S. Department of Health and Human Services when it is investigating our compliance with privacy law.

Uses That Require Your Written Authorization

We will never do the following without your written permission:

- Marketing** that uses your health information, including sending you promotions from other companies.
- Sale** of your health information. We do not sell your information.
- Before-and-after photographs** or testimonials used on our website, social media, or advertising.
- Sharing **psychotherapy notes**, if any exist.

Any other use not described in this notice also requires your written authorization. We do not engage in fundraising.

Your Rights

When it comes to your health information, you have the right to:

- See or get a copy of your records.** Ask in writing using our Medical Records Request Form. We will let you inspect your records within 5 working days and provide copies, in paper or electronic form (including by secure email if you ask), within 15 days, as California law requires. We may charge a reasonable, cost-based fee.
- Ask us to correct your records** if you believe they are incorrect or incomplete. If we deny your request, we will tell you why in writing, and you may submit a statement of up to 250 words to be included in your record.
- Ask for confidential communications**, such as contacting you only at a certain phone number or email. We will agree to all reasonable requests.
- Ask us to limit what we use or share.** We are not required to agree, except that if you pay for a service in full out of pocket, you may ask us not to share that information with your health plan, and we will agree unless the law requires us to share it.
- Get a list of those with whom we have shared your information** in the past six years, other than for treatment, payment, operations, and certain other purposes.
- Get a paper copy of this notice** at any time, even if you agreed to receive it electronically.
- Choose someone to act for you**, such as a legal guardian or someone with a medical power of attorney. We will confirm that person's authority before acting.
- File a complaint** if you believe your privacy rights have been violated (see below).

Changes to This Notice

We may change this notice, and the changes will apply to all information we have about you. The new notice will be available in our office, on our website, and on request.

Questions and Complaints

If you have questions about this notice or want to exercise your rights, contact our Privacy Officer:

Privacy Officer, Angell Medical Spa

77 Scripps Drive, Suite 109, Sacramento, CA 95825 · (916) 905-2372 · privacy@angellmedicalspa.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at www.hhs.gov/ocr/complaints, by calling 1-877-696-6775, or by mail to 200 Independence Avenue SW, Washington, DC 20201.

We will not retaliate against you for filing a complaint.