

NOTICE OF PRIVACY PRACTICES

HIPAA Privacy & Protected Health Information (PHI)

Effective Date: January 01, 2026

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment to Your Privacy

With Love, Dr. Julie | MD Medical Artistry is committed to protecting the privacy and confidentiality of your personal health information. We collect, use, and maintain your health information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable state privacy laws. This notice explains your rights and our obligations regarding your protected health information (PHI).

What Is Protected Health Information (PHI)?

PHI includes any information in your record that could be used to identify you and that relates to your past, present, or future health condition, the provision of health care services to you, or payment for those services. This includes your name, address, date of birth, medical history, photographs, procedure records, pigment formulations, and billing information.

How We May Use and Disclose Your PHI

Treatment: We may use your PHI to provide, coordinate, and manage your care. This includes sharing relevant information with your referring physician, surgeon, or other healthcare providers involved in your treatment.

Payment: We may use your PHI to prepare superbills, letters of medical necessity, and other documentation necessary for you to obtain insurance reimbursement for services rendered.

Healthcare Operations: We may use your PHI for quality assessment, training, and improvement of our services.

As Required by Law: We may disclose your PHI when required to do so by federal, state, or local law, including public health reporting, court orders, or law enforcement requests.

With Your Authorization: Any use or disclosure of your PHI not described in this notice will be made only with your written authorization. You may revoke any authorization at any time by submitting a written request to our office.

Photographs and Clinical Images

Pre-procedure and post-procedure photographs are taken as part of your clinical record. These images are stored securely and are considered PHI. Use of your photographs for any purpose beyond your clinical record, including educational use, portfolio, or marketing, requires your separate written authorization. You may decline photographic use beyond your clinical record at any time without affecting your care.

Your Rights Regarding Your PHI

Right to Access: You have the right to inspect and obtain a copy of your PHI maintained by our practice. Requests must be submitted in writing.

Right to Amend: You have the right to request an amendment to your PHI if you believe it is incorrect or incomplete. We may deny the request under certain circumstances but will provide you with a written explanation.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures of your PHI that we have made.

Right to Request Restrictions: You have the right to request restrictions on how we use or disclose your PHI. We are not required to agree to your request but will consider it carefully.

Right to Confidential Communications: You have the right to request that we communicate with you about your health information by a specific method or at a specific location. We will accommodate reasonable requests.

Right to a Copy of This Notice: You have the right to obtain a paper copy of this Notice of Privacy Practices at any time by requesting one from our office.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services Office for Civil Rights. You will not be penalized for filing a complaint.

How We Protect Your Information

We maintain physical, electronic, and procedural safeguards to protect your PHI. Clinical records and photographs are stored securely. Electronic records are password-protected. Paper records are maintained in a locked location. Access to your PHI is limited to authorized personnel only.

Contact Information

If you have questions about this notice or wish to exercise any of your rights, please contact:

Julie Bartholomew, MD

With Love, Dr. Julie | MD Medical Artistry

601-A South New York Ave, Suite 126, Winter Park, FL 32789

Phone: (321) 483-4441 | Email: hello@withlovedrjulia.com

ACKNOWLEDGMENT OF RECEIPT

Notice of Privacy Practices

I acknowledge that I have received or been provided access to the Notice of Privacy Practices for With Love, Dr. Julie | MD Medical Artistry, effective January 01, 2026.

I understand that this Notice describes how my protected health information may be used and disclosed, explains my privacy rights, and provides information about whom I may contact with questions or concerns regarding my health information.

My signature below acknowledges receipt of this Notice. **It does not constitute authorization** for any use or disclosure of my protected health information beyond what is permitted or required by law or otherwise separately authorized by me.

Client Name:

Client Signature:

Date:

Printed Name:
