LASER COSMETIC CENTER
DERMATOLOGY ASSOCIATES

Laser Cosmetic Center Policy

We have a wide variety of appointment times available and we book up to several weeks in advance. Some days and times are more popular than others. We do our best to accommodate your requests for a particular day or time needed. However, all appointments are on a first come first serve basis.

Payment in Full
Payment is expected at the time of service. The Laser Cosmetic Center does not accept any forms of insurance for any of the procedures performed. *We require every patient to have a credit card on file, or a deposit put down for ANY appointment that is scheduled (including consultations – **$50 charge**). If you have a package or prepaid services, we will use these as forms of payment for our cancellation policy.

Cancellation Policy
The Laser Cosmetic Center has a **24- hour cancellation policy**, should you need to cancel or reschedule an appointment please give us 24 hours- notice so we can make the time available to other clients; failing to do so we will charge the card on file for 50% of the service booked.

If you are running late, please let us know as soon as possible and we will try to accommodate you without disrupting other client appointments (in some cases, we may need to reschedule your appointment).

*Failing to cancel a scheduled appointment is considered a no-show, and if there are 2 or more no-shows, we will charge you 100% of the service booked.

Return Policy
No refunds are made for services, service packages and prepaid treatments once they are purchased. If for some reason you are not able to use an un-rendered, prepaid service, you may do a one – time exchange of the unused portion toward other services, not products. *Products must be returned or exchanged within 30 days from date of purchase.

Treatment Expiration
All service packages and prepaid treatments must be used within 12 months of date of purchase or they will expire. Injectables such as fillers must be used within 30 days of the original appointment.

Treatment Outcomes
The Laser Cosmetic Center is committed to serving you in the best way that we can. We will be honest in all our dealings with you. Aesthetics is not an exact science and how you may respond to a given treatment will vary from person to person. It is virtually impossible to predict results and therefore payments made for services are for treatments to be performed – not for a specific result. However, we always strive to achieve the absolute best result that we can for you. Thank you for allowing us to serve you!

Rights Reserved
The Laser Cosmetic Center will try to communicate policy changes with you in advance wherever possible. However, we do reserve the right to change our policies without notice.

PATIENT SIGNATURE: _____ DATE: _____
(Parent/Guardian Signature if Patient is Minor)

Revised 2024

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NOTICE OF PRIVACY PRACTICES

Dermatology Associates Suites 200, 300, and 400, 175 Commons Loop, Kalispell, MT 59901

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your protected health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operation.

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to a surgery.
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards.
- The practice may also be required or permitted to disclose your PHI for law enforcement and other legitimate reasons. In all situations, we shall do our best to assure its continued confidentiality to the extent possible.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, in addition to other fundraising communications, that may be of interest to you. You do have the right to "opt out" with respect to receiving fundraising communications from us.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes;
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of PHI under HIPAA; and
- Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your prior authorization.

You may have the following rights with respect to your PHI:

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of Protected Health Information by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

If you have paid for services "out of pocket", in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your PHI and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

This notice is effective as of 2013 and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post a copy and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with the practice and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

Feel free to contact the Practice Manager at 406-756-7556 for more information.