



H-MD Cosmetic Surgery and Medical Spa

GUIDE TO USING MEDICAL CANNABIS

The leaves and flowers of the Cannabis plant are consumed in several forms: dried flower buds or various types of concentrated, loose, or pressed resin extracted from the flowers or leaves through a variety of methods. Once mature, the plant's leaves and flowers are covered with trichomes, tiny glands of resinous oil containing cannabinoids and terpenes that provide physical and psychoactive effects. There are many, many types of cannabinoids and terpenes. Concentrations of each type of cannabinoid ranges widely from plant to plant and strain to strain. The first identified and best-known cannabinoid is THC. THC has the most significant psychoactive effect of the cannabinoids. The ratio of THC to other cannabinoids varies from strain to strain. While THC may cause a variety of psychoactive and therapeutic effects, non-psychoactive cannabinoids have physiologic effects that can be therapeutic.

- Cannabidiol (CBD) may relieve convulsions, inflammation, anxiety and nausea -without psychoactive effects.
- Cannabinol(CBN) is mildly psychoactive and may decrease intraocular pressure,and seizure occurrence.
- Cannabichromene (CBC)may promote the analgesic effects (pain relief) of THC and has sedative (calming)effects.
- Cannabigerol (CBG)may have sedative effects and antimicrobial properties.
- Tetrahydrocannabivarin (THCV) is showing some promise or type 2 diabetes and related metabolic disorders.

Effects

Different people have different experiences. One individual may feel stress release, while another feels overstimulated and stressed, while another feel energized and on-task. There are many factors that impact the effect:

Amount used, (dosage), Strain of cannabis used and method of consumption, Environment/setting, Experience and history of cannabis use, Biochemistry, Mindset or mood, Nutrition or diet, Types of Cannabis

Though cannabis is biologically classified as the single species Cannabis Sativa, there are at least three distinct plant varieties: Cannabis Sativa, Cannabis Indica, and Cannabis Ruderalis, though the last is rare. There are also hybrids, which are crosses between sativa and indica varieties.

Most medical cannabis is used for pain and nausea control, appetite stimulation, reduced muscle spasm, improved sleep, and others. But individual strains will produce noticeably different effects. In general, sativas and indicas are frequently distinguished as follows:

Sativas

Primarily effect thoughts and feelings.

- Some noted therapeutic effects from use of Sativas:
- Stimulating/energizing
- Increased sense of well-being, focus, creativity
- Reduces depression,elevates mood
- Relieves headaches/migraines/nausea
- Increases appetite

Some noted Side-Effects from use of Sativas

- Increased anxiety feelings
- Increased paranoia feelings

Indicas
• The primary effects are on the body. Indicas tend to produce sedated feelings, and many prefer it for nighttime use.

Some noted therapeutic effects from use of Indicas:

- Provides relaxation/reduces stress
- Relaxes muscles/spasms
- Reduces pain/inflammation/headaches/migraines
- Helps sleep
- Reduces anxiety
- Reduces nausea,stimulates appetite

- Reduces seizure frequency/anti-convulsant
- Some noted side-effects from use of Indicas:
- Feelings of tiredness and/or fuzzy thinking

Hybrids

Strains bred from crossing two or more varieties. For example, a sativa-dominant cross may be helpful in stimulating appetite and relaxing muscle spasms. Crosses are reported to work well to combat nausea and increase appetite.

Cannabis Extracts and Concentrates

The dried flower is the most widely consumed form of cannabis. Concentrates are made from cannabinoid-rich glandular trichomes, which are found in varying amounts on cannabis flowers, leaves and stalks.

Kief

Kief is a powder made from trichomes removed from the leaves and flowers of cannabis plants. It can be compressed to produce cakes of hashish, or consumed (typically smoked) in powder form in a pipe or with cannabis bud or other herbs.

Hashish

Hashish (hash) is a collection of compressed or concentrated resin glands (trichomes). Hash contains the same active cannabinoids as the flower and leaves but typically in higher concentrations. In other words, hash is more potent.

- Hashish usually is a paste-like substance with varying hardness with THC content ranging from 15-70%.
- Often smoked with a small pipe. Can be used in food, in a hookah, vaporizer or mixed with joints of cannabis bud.
- The effects of hash vary in the same way strains of cannabis do.

Hash oil

Hash oil is a mix of essential oils and resins extracted through the use of various solvents. The solvent is then evaporated, which leaves the oil. Hash oil tends to have a high proportion of cannabinoids (—a range from 30 to 90% THC). Can be smoked with a specialty pipe, with a vaporizer, with cannabis bud in a pipe, joint, or added to food.

Cannabis Edibles

Cannabis added to foods. It can also be brewed into a tea or other beverage. To be effective, cannabis and its extracts or concentrates must be heated in order to convert the cannabinoid tetrahydrocannabinolic acid into active THC.

Digestive processes alter the metabolism of cannabinoids and produce a different metabolite of THC in the liver. Onset of effects are delayed and last longer, and are also very variable from individual to individual. **Cannabis**

Oil & Butter

Cannabis Oil (cannaoil) or Butter is cooking oil or butter infused with cannabinoids. Can be used in any recipe that includes oil and that doesn't go over 280 degrees. Think cookies, cakes, candies, and other food items.

Tincture

Tinctures use ethanol alcohol (e.g. pure grain alcohol, not rubbing alcohol) to extract the cannabinoids. You use droplet amounts, and it is absorbed through the mucous membranes in the mouth.

Spray

Sublingual sprays use a tincture. You use a pump to spray cannabis-alcohol solution under your tongue.

Cannabis Liquor

Liquor may be infused with cannabinoids. Can be added to coffee and other beverages. **Cannabis**

Topicals (applied to the skin)

Cannabinoids combined with a penetrating topical cream can enter the skin and body tissues and allow for direct application to affected areas (e.g. allergic skin reactions, neuralgia, muscle strain, inflammation, swelling, etc.).

- Both THC and Cannabidiol (CBD) have been found to provide pain relief and reduce inflammation.
- Topical cannabis use does not produce a psychoactive effect, which is different from eating or inhaling the medicine.

Different types of cannabis topicals include:

- Salve: cannabinoids heated into coconut oil combined with beeswax and cooled. Rub directly on skin.
 - Cream: cannabinoids heated into shea butter combined with other ingredients and cooled. Rub directly on skin.
- Topicals may produce anti-inflammatory and analgesic or pain relief. Research has to date been limited to studies on allergic and post-herpes skin reactions and pain relief. Anecdotal reports on topical treatment efficacy include:
- Certain types of dermatitis (including atopic) and psoriasis

- Balm for lips, fever blisters, herpes
- Superficial wounds, cuts, acne pimples, furuncles, corns, certain nail fungus
- Rheumatism and arthritic pains (up to the 2nd degree of arthritis)
- Torticollis, back pains, muscular pains and cramps, sprains and other contusions • Phlebitis, venous ulcerations
- Hemorrhoids
- Menstruation pains
- Cold and sore throat, bronchitis
- Asthmatic problems with breathing
- Chronic inflammation of larynx (application in the form of a Priessnitz compress)
- Migraine, head pains, tension headaches
- Pharmaceutical Cannabis or Cannabinoids

Cannabis Consumption Ingest via Eating

This is one of the safest ways to consume your medication. The effects from eaten cannabis may be more pronounced and onset of the effects will be delayed by an hour or more and typically last longer than inhalation. Using edible cannabis effectively will usually take some experimentation as the effect varies from person to person. Use small amounts of edibles and wait 2 hours before gradually increasing the dose, if needed. Try cannabis pills made with hash or cannabis oil or ingest via Tinctures/Sprays. Start with no more than two drops and wait at least an hour before increasing the dosage, incrementally and as necessary.

Apply via Topicals

This is one of the safest ways to consume your medication. Topical cannabis will not result in a psychoactive effect.

Inhale via Smoking

Because the effects are noticed or felt quickly, this is a good way to get immediate relief and find the best dose for you. Research has shown that smoking cannabis does not increase your risk of lung or other cancers, but it may produce unpleasant bronchial effects such as harsh coughing.

Take smaller, shallower inhalations rather than deep inhales. Holding smoke in does not increase the effects. **Inhale via Vaporizer**

This is the safest way to inhale your medicine because it heats the cannabinoid-laden oils to the point where they become airborne vapors, drastically reducing the amount of tars and other chemical irritants that you inhale. **Inhale via a Pipe/One-Hitter/Steam Roller**

Use a glass, stainless steel, or brass pipe; avoid wood or plastic pipes.

Inhale via a Bong/Water Pipe

Don't use a bong or water pipe regularly. You can inhale water vapor or water drops into your lungs. **Think**

About Drug Interactions

No significant interactions between cannabis and other drugs are known at this time, though research indicates cannabis enhances the effects of opiate painkillers.

Risks of Marijuana Use

Though you may have heard otherwise, marijuana *can* be addictive: Nearly 10% of people who use it become dependent on it. It isn't clear whether marijuana is a gateway drug.

Even if you buy from a legal, state-regulated dispensary, it can be hard to know exactly how much THC or other compounds may be found in the marijuana you're ingesting, so the effects can be unpredictable.

Marijuana can also cause health problems if you have a condition like liver disease, low blood pressure, or diabetes.

If you're a man, heavy use could lower your testosterone levels, your sperm count and quality and your libido.

Research shows a link between marijuana use and mental health problems like depression, anxiety, suicidal thoughts, short-term psychosis, and schizophrenia. It is not clear if marijuana causes these conditions, or can make them worse.

CANNABIS AND CANNABINOIDS EFFECTIVENESS

There is substantial evidence that cannabis or cannabinoids are effective for:

- Treatment of chronic pain in adults – primarily neuropathic pain.
- Treatment of chemotherapy-induced nausea and vomiting.
- Improving patient-reported multiple sclerosis spasticity symptoms.
- There is moderate evidence that cannabis or cannabinoids are effective for:

- Treatment of short-term sleep outcomes (associated with obstructive sleep apnea, fibromyalgia, chronic pain, MS).
- Treatment of drug-resistant seizures with CBD in children and young adults with Dravet syndrome.
- There is limited evidence that cannabis or cannabinoids are effective for:
- Increasing appetite/decreasing weight loss associated with HIV/AIDS.
- Improving provider-measured MS spasticity symptoms.
- Improving Tourette syndrome symptoms.
- Improving post-traumatic stress disorder (PTSD) symptoms.

There is no or insufficient evidence that cannabis or cannabinoids are effective for all other diseases and conditions, due to lack of published clinical trials.

SIDE EFFECTS

From clinical trials, the following side effects were reported more often among participants receiving cannabinoids than among controls: dizziness, disorientation, confusion, euphoria, dry mouth, drowsiness/somnolence, nausea, fatigue, asthenia.

DRUG INTERACTIONS

There is evidence of clinically significant drug-drug interactions between cannabis and cannabinoids and the following medications: Chlorpromazine, Clobazam, CNS depressants (e.g. barbiturates, benzodiazepines), disulfiram, hexobarbital, hydrocortisone, ketoconazole, MAO inhibitors, phenytoin, protease inhibitors (indinavir, nelfinavir), theophylline, tricyclic antidepressants, warfarin.

The fact that drug interactions have not been reported does not mean they do not exist!

GENERAL RISKS OF MARIJUANA USE

- Cannabis use is associated with increased risk of motor vehicle crashes.
- Cannabis users can develop cannabis use syndrome.
- Cannabis users are more likely to be addicted to illicit drugs.
- Cannabis users are more likely to have memory impairment.
- THC can cause dose-related acute psychotic symptoms.
- Cannabis use is associated with the development of schizophrenia.
- Frequent cannabis use is associated with bronchitis.
- There is mixed evidence whether cannabis use increases the risk of lung cancer
- THC crosses the placenta and into the fetus.
- THC can be present in breast milk.

Patient Signature: _____

Date: _____



H-MD Cosmetic Surgery and Medical Spa (405)-463-5700

5025 Gaillardia Corporate Place, Suite

C OKC, OK 73142 www.h-md.com



H-MD Cosmetic Surgery and Medical Spa Patient Intake Form

Date: _____

Name: (Last, First, Middle): _____

Preferred Name/What name would you like us to use: _____

Birthdate: _____

Phone Number: _____

Email: _____

Emergency Contact: (name, phone number): _____

Purpose of Visit: initial medical marijuana evaluation follow-up visit

Medical History

Primary Condition or Symptoms to be addressed at today's visit: _____

How long have you had the condition/symptoms above? _____

What therapies are you currently using to address your condition/symptoms? (include acupuncture, massage, counseling, physical therapy, etc) _____

What therapies have you tried in the past? _____

Have you tried marijuana, CBD, THC, or other similar therapies? If so, how have they affected you? _____

Do you have a primary care physician? _____ Physician Name _____

Current Medications, Supplements, and Vitamins (include over the counter medications):

Please list ALL of your past and current medical diagnoses/problems: _____

Gender: Female Male

Are you pregnant? no yes not sure

Surgical History: (please list all surgeries and dates):

Habits:

Do you smoke cigarettes? no yes if yes, number of packs per week: _____

Do you drink alcohol? no yes if yes, number of drinks per week: _____

Do you use other drugs? no yes if yes, what do you use and how often?

Do you use caffeine? no yes if yes, how much per week? _____

Do you exercise? no yes if yes, how many hours per week? _____

Do you drive? no yes Are there children in your home? no yes

Patient Intake Form

Review of Systems:

Are you experiencing problems with any the following (if other, please list):

YES NO

HEAD: _____ severe headache, brain aneurysm, other _____

EYES: _____ glaucoma, cataracts, blurred vision, blindness, other _____

EARS: _____ deafness, hearing loss, vertigo, ringing in ears, other _____

NOSE: _____ nose bleeds, nasal congestion, sinus infections, other _____

THROAT: _____ mouth sores, sore throat, hoarse voice, other _____

CHEST: _____ COPD, asthma, cough, tuberculosis, lung infections, other _____

ABDOMEN: _____ liver disease, hepatitis, pancreatitis, gallstones, other _____

GI: _____ severe nausea, acid reflex, blood in stool, ulcers, other _____

GU _____ kidney stones, UTIs, vaginal bleeding, prostate problems, other _____

INFECTIONS: _____ HIV, AIDS, hospitalized for any infection, other _____

MSK: _____ arthritis, back pain, joint pain, muscle pain, cramps, other _____

RHEUM: _____ lupus, rheumatoid arthritis, fibromyalgia, other _____

HEME: _____ bleeding disorder, clotting disorders, swollen glands, other _____

SKIN: _____ skin cancer, rash, psoriasis, other _____

ENDOCRINE: _____ diabetes; thyroid, pituitary, or hormonal problems, other _____

NEUROLOGIC: _____ seizures, stroke, paralysis, tremors, dizziness, migraines, cerebral palsy, autism, neuropathy, Parkinson's disease, Alzheimer's disease, other _____

PSYCHIATRIC: _____ PTSD, anxiety, depression, suicidal thoughts, other _____

ONCOLOGIC: _____ active cancer, cancer in remission, MDS, MM, other _____

Please explain anything specific you would like to discuss with your healthcare provider today:

We are establishing a physician-patient relationship to determine if a recommendation for the safe and therapeutic use of medical marijuana can be made and NOT for any other purpose. You are advised to consult with your primary care provider at least once a year for re-evaluation of your diagnoses and treatment plan.

Please read thoroughly and initial below:

_____ I have access to the Guide to Using Medical Cannabis

_____ I have access to up to date information regarding Oklahoma laws surrounding medical Marijuana.

I, _____, understand that the purpose of my visit today is for my physician is to determine if it is safe and appropriate for me to obtain a recommendation for medical marijuana in the State of Oklahoma.

I, _____, understand that my physician's ability to determine the appropriateness for a recommendation for a medical marijuana card is based on my medical history, current medical status, history of drug or medication abuse, physical exam, and medical records. I CERTIFY ALL INFORMATION I HAVE PROVIDED IS ACCURATE.

I, _____, understand that I am not receiving a comprehensive medical evaluation as one would expect from their primary care provider. I understand this evaluation is intended to focus on the factors/conditions relating to a recommendation for a medical marijuana recommendation. It is not intended to replace, supersede, or modify any treatment or recommendation of my primary care provider.

I, _____, understand that it is my responsibility to ensure my primary care provider is aware of and approves of my intentions regarding the use of medical marijuana.

I, _____, understand that my recommendation is valid for one year after the issue date. My physician has the right to reverse a recommendation decision at his or her discretion at any time.

I, _____, understand that the physician providing this medical evaluation is available for followup care for any and all matters related to my use of medical marijuana.

Patient Attestation:

_____ I have, or will, discuss my use of marijuana with my primary medical provider(s) before I use it.

_____ I do not have medication abuse or drug abuse problems.

_____ I have not engaged in trafficking drugs or in drug diversion and will not do so

After your evaluation, please initial the following:

_____ My questions pertaining to my recommendation or not receiving a recommendation today have been addressed

_____ My physician has discussed with me the risks and benefits of medical marijuana.

_____ I have access to follow-up information for my provider.

I understand I will be required to have follow up visits in order to monitor my progress and evaluate the medical marijuana treatment.

Patient Signature: _____ **Date:** _____



H-MD Cosmetic Surgery and Medical Spa
5025 Gaillardia Corporate Place, Suite C
OKC, OK 73142
(405)-463-5700



H-MD Cosmetic Surgery and Medical Spa

Release of Liability

By signing below I acknowledge that cannabis use may be associated with adverse brain development in unborn children as well as in children under age 18. Further, I will hold harmless Dr. Jennie Hunnewell and her employees and/or volunteers, and any other affiliated business(es), associates, employer(s), or entity/entities for any undesirable outcome either personally or related to individual(s) exposed to cannabis in utero (unborn child) or other family/associated contacts for any financial loss, lack of response, or harm or injury including but not limited to death as a result of the use of medicinal cannabis.

Patient Name – Printed

Patient Signature

Date: _____

(Month/Day/Year)



H-MD Cosmetic Surgery and Medical Spa Notice of Privacy Practices/HIPPA Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

A. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. If you have questions about this Notice, please contact: H-MD Cosmetic Surgery and Medical Spa, (405)-463-5700

C. We may use and disclose your PHI in the following ways:

The following categories describe the different ways in which we may use and disclose your PHI:

- 1. Recommendations:** Our staff will use your PHI to review and process your medical recommendations. If there are any tests performed, this will be documented in your PHI and used to make recommendation decisions.

2. Payment. Our practice may use and disclose your PHI in order to bill and collect payment for the services you may receive from us. We may use your PHI to bill you directly for services .

3. Health care operations. Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. Appointment reminders. Our practice may use and disclose your PHI to contact you and remind you of an appointment.

5. Treatment options. Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. Health-related benefits and services. Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7. Disclosures required by law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

D. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public health risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled, •
Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health oversight activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and similar proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request,

subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- Concerning a death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person, • In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

7. Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes **except** when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions:

(A) The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted;

(B) The research could not practicably be conducted without the waiver,

(C) The research could not practicably be conducted without access to and use of the PHI.

8. Serious threats to health or safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) if required by the appropriate authorities.

10. National security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other

individuals. **12. Workers' compensation.** Our practice may release your PHI for workers' compensation and similar programs.

E. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. In order to request a specific type of confidential communication, you must make a written request to **H-MD Cosmetic Surgery and Medical Spa 5025 Gaillardia Corporate Place, Suite C 73142** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **H-MD Cosmetic Surgery and Medical Spa 5025 Gaillardia Corporate Place, Suite C 73142**. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure or both,
- To whom you want the limits to apply.

3. **Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **H-MD Cosmetic Surgery and Medical Spa 5025 Gaillardia Corporate Place, Suite C 73142**. in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **H-MD Cosmetic Surgery and Medical Spa 5025 Gaillardia Corporate Place, Suite C 73142**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate **H-MD Cosmetic Surgery and Medical Spa 5025 Gaillardia Corporate Place, Suite C 73142**

and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of disclosures.** All of our patients 5 have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to complete a credit card order. In order to obtain an accounting of disclosures, you must submit your request in writing to **H-MD Cosmetic Surgery and Medical Spa 5025 Gaillardia Corporate Place, Suite C 73142**. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **H-MD Cosmetic Surgery and Medical Spa 5025 Gaillardia Corporate Place, Suite C 73142**.

7. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **H-MD Cosmetic Surgery and Medical Spa 5025 Gaillardia Corporate Place, Suite C 73142**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. **Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **H-MD Cosmetic Surgery and Medical Spa 5025 Gaillardia Corporate Place, Suite C 73142 (405)-463-5700**

Patient Signature:

Date: _____