SLIM GLOW MEDICAL

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

Effective Date: August 14, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment to Your Privacy

Slim Glow Medical is committed to protecting the privacy and security of your health information. We create and maintain records regarding healthcare services, medical evaluations, treatment, prescriptions, and certifications provided to our patients.

We are required by applicable law to maintain the privacy and security of your Protected Health Information ("PHI"), provide you with notice of our legal duties and privacy practices, follow the terms of the Notice currently in effect, and notify affected individuals following certain breaches of unsecured PHI.

Your Rights

You have the right to:

- Get an electronic or paper copy of your medical record and other health information we maintain about you
- Ask us to correct health information you believe is incorrect or incomplete
- Request confidential communications
- Ask us to limit certain uses or disclosures of your information
- Request an accounting of certain disclosures of your information
- Get a paper copy of this Notice
- Choose someone with legal authority to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

For certain health information, you may tell us your preferences about what we share, including certain communications with family members, close friends, or others involved in your care or payment for your care. If you are unable to tell us your preference, we may use professional judgment as permitted by law.

We generally will not use or disclose your PHI for purposes requiring authorization unless you give us written permission. You may revoke an authorization in writing except to the extent we have already acted in reliance on it or as otherwise permitted by law.

Slim Glow Medical does not sell Protected Health Information.

How We Typically Use and Disclose Your Health Information

Treatment

We may use and disclose your health information to provide, coordinate, or manage your healthcare and related services. This may include sharing appropriate information with physicians, pharmacies, laboratories, specialists, healthcare facilities, or other healthcare professionals involved in your care when permitted by law.

Healthcare Operations

We may use and disclose your health information to operate our medical practice, improve care, conduct quality assessment and improvement, train staff, perform credentialing and compliance activities, conduct audits, and carry out other administrative functions necessary to operate the practice.

Payment

We may use and disclose health information as necessary to obtain payment for healthcare services provided to you or to carry out related account-management activities when applicable.

Slim Glow Medical does not currently collect or process payment information through its public website.

Appointment Reminders and Healthcare Communications

We may use your contact information to communicate with you regarding appointments, required paperwork, follow-up care, prescriptions, treatment, certification or recertification appointments, and other matters related to your healthcare. Communications may occur by telephone, text message, email, patient portal, or other permitted communication methods.

Business Associates

We may provide PHI to third-party service providers that perform services on our behalf, such as electronic health-record providers, secure electronic-form providers, information-technology vendors, and other service providers. When required by HIPAA, these entities are required to appropriately safeguard PHI.

Florida Medical Marijuana Certification Records

Medical marijuana certification and recertification evaluations become part of the patient's medical record. Information associated with these evaluations may include medical history, diagnoses and symptoms, medications, previous treatments, supporting medical documentation, physician assessments, certification information, required consent documentation, and information related to the Florida Medical Marijuana Use Registry ("MMUR").

When applicable, information may be entered into, accessed through, reviewed through, or verified through the MMUR as permitted or required by Florida law. Medical marijuana certification records are maintained and protected in accordance with applicable federal and Florida privacy, medical-record, and confidentiality requirements.

Substance Use Disorder Records

To the extent we have substance use disorder patient records that are subject to 42 CFR Part 2, we will not use or disclose information from those records in civil, criminal, administrative, or legislative investigations or proceedings against you unless permitted by applicable law, including with your written consent or as authorized by a court order and subpoena when required.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose your health information when permitted or required by law. Depending on the circumstances and applicable legal requirements, this may include uses or disclosures for:

- Public health and safety activities
- Health oversight activities
- Research when legally permitted
- Organ and tissue donation requests
- Coroners, medical examiners, or funeral directors
- Workers' compensation matters
- Law-enforcement or other government requests when legally authorized
- Judicial or administrative proceedings and other legal actions
- Prevention or reduction of a serious threat to health or safety
- Other purposes required or permitted by federal, state, or local law

If we maintain substance use disorder patient records subject to 42 CFR Part 2, additional limitations apply to their use or disclosure in investigations or proceedings against you.

Your Rights in Detail

Access Your Medical Records

You may ask to inspect or obtain an electronic or paper copy of your medical record and other health information we maintain about you. We will respond within the time required by law and may charge a reasonable, cost-based fee when permitted.

Request Corrections

You may ask us to correct health information you believe is incorrect or incomplete. We may deny certain requests when permitted by law and will provide appropriate information regarding the denial.

Request Confidential Communications

You may ask us to contact you in a specific way or at a specific location. We will accommodate reasonable requests as required by law.

Request Restrictions

You may ask us to restrict certain uses or disclosures of your PHI. We are generally not required to agree to every request. If you pay for a healthcare item or service in full out-of-pocket and request that we not disclose information regarding that item or service to a health plan for payment or healthcare operations, we will honor the request when required by law.

Request an Accounting of Certain Disclosures

You may request an accounting of certain disclosures of your PHI made during the period permitted by law. Certain disclosures, including many disclosures for treatment, payment, or healthcare operations, are not required to be included.

Receive a Paper Copy

You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Choose Someone to Act for You

If another individual has legal authority to act on your behalf, that person may exercise applicable privacy rights for you. We may verify that person's authority before taking action.

Receive Notification of Certain Breaches

You have the right to receive notification following a breach of unsecured PHI when notification is required by law.

Our Responsibilities

- Maintain the privacy and security of your PHI
- Follow the privacy practices described in this Notice
- Provide you with a copy of this Notice
- Notify you when required if a breach compromises the privacy or security of your PHI
- Respect your rights regarding your health information
- Obtain authorization before using or disclosing PHI when authorization is legally required

Changes to This Notice

Slim Glow Medical may change the terms of this Notice as permitted by law. Changes may apply to PHI we already maintain as well as information received or created after the revised Notice becomes effective. The current Notice will be available upon request and on our website.

Questions or Complaints

If you have questions about this Notice, need assistance exercising your privacy rights, or believe your privacy rights have been violated, please contact:

HIPAA Privacy Officer

Slim Glow Medical

Email: info@slimglowmedical.com

Phone: (904) 518-6858

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Slim Glow Medical will not retaliate against you or deny treatment because you filed a privacy complaint.