NEW IMAGE WORKS

NOTICE OF PRIVACY PRACTICES

Effective Date: November 1, 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.

1. Introduction and Scope

New Image Works is a medical aesthetics and wellness practice with locations in Florida and Illinois.

Our locations operate through separate legal entities under the New Image Works trade name. This Notice applies to the following entities to the extent they are subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA):

- New Image Works Aventura, PLLC — Aventura, Florida
- New Image Works Chicago, PC — Chicago, Illinois
- New Image Works, PC — Glenview, Illinois

In this Notice, "New Image Works," "we," "our," and "us" refer to the applicable healthcare entity responsible for your care and protected health information.

If our entities participate in a legally established joint privacy arrangement, information may be shared in accordance with that arrangement and applicable law. Otherwise, information is shared between entities only when permitted or authorized by applicable law.

This Notice describes our responsibilities regarding protected health information (PHI), how we may use or disclose that information, and your rights concerning your medical records.

Where a state law provides greater privacy protection than HIPAA, we comply with the more protective applicable requirement.

2. Our Responsibilities

We are committed to protecting the privacy and confidentiality of your medical information.

Where HIPAA applies, we are required to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice of Privacy Practices.
- Follow the terms of the Notice currently in effect.
- Notify affected individuals following a breach of unsecured protected health information when required by law.
- Limit uses and disclosures of protected health information to those permitted or required by law.
- Maintain appropriate administrative, physical, and technical safeguards.

We may revise this Notice as our practices or legal obligations change. Revised versions may apply to information already maintained by us, as permitted by law. The current Notice will be available on our website and at our locations.

3. Information We Maintain

In connection with providing aesthetic and medical services, we may create, receive, and maintain information including:

- Names, dates of birth, contact information, and other patient identifiers.
- Medical histories, allergies, medications, and health conditions.
- Consultation information, treatment assessments, and clinical notes.
- Treatment plans, procedures performed, and follow-up documentation.
- Consent and authorization forms.
- Clinical photographs, including before-and-after treatment images.
- Appointment and communication records.
- Billing, payment, and other healthcare-related records.

This information may be maintained electronically or in other formats.

4. Electronic Patient Records and Clinical Documentation

We use specialized third-party technology platforms to support patient care and healthcare operations.

Zenoti — Patient Management and Clinical Records

Zenoti is used for patient scheduling, patient profiles, medical and treatment histories, consent forms, clinical documentation, appointment records, and related practice management activities.

TouchMD — Clinical Photography

TouchMD is used to store and manage clinical photographs, including before-and-after treatment images, for documentation, treatment assessment, and continuity of care.

Where these platforms maintain PHI on our behalf, their handling of that information is subject to applicable privacy requirements and contractual safeguards.

Access to patient records is restricted according to authorized job functions and applicable legal requirements.

5. How We May Use and Disclose Your Information

A. Treatment

We may use and disclose your health information to provide, coordinate, or manage your medical care.

Examples include:

- Reviewing your medical history before a procedure.
- Documenting treatments and monitoring outcomes.
- Coordinating care between authorized healthcare professionals.
- Consulting with another provider involved in your treatment.
- Providing follow-up care or treatment-related instructions.

B. Payment

We may use or disclose information necessary to process payments and administer financial transactions associated with your care.

Examples include processing treatment charges, administering prepaid services, resolving billing questions, and collecting outstanding balances.

C. Healthcare Operations

We may use and disclose information for legitimate healthcare operations, including:

- Quality assurance and patient safety.
- Staff training and professional supervision.
- Clinical and operational audits.
- Licensing and regulatory compliance.
- Practice administration.
- Evaluating and improving the quality of services.
- Managing approved technology vendors and other service providers.

D. Business Associates and Service Providers

We may engage third-party service providers to perform services involving patient information.

These may include electronic patient record systems, clinical documentation platforms, information technology providers, billing services, and other healthcare support providers.

When required by HIPAA, we enter into appropriate business associate agreements that obligate these service providers to safeguard protected health information and use or disclose it only as permitted.

E. Other Uses and Disclosures Permitted or Required by Law

Subject to applicable legal conditions and limitations, we may use or disclose health information:

- For public health reporting and patient safety activities.
- To report suspected abuse, neglect, or domestic violence when permitted or required.
- For authorized health oversight activities, investigations, audits, and inspections.
- To comply with applicable federal, state, or local laws.
- In response to lawful court orders or other legal proceedings.
- For certain law enforcement purposes.
- To prevent or lessen a serious and imminent threat to health or safety.
- For workers' compensation purposes when authorized by law.
- For certain research activities when legally authorized.
- To coroners, medical examiners, or funeral directors when appropriate.
- For organ or tissue donation activities where applicable.
- To government authorities for certain specialized functions when legally permitted.

These disclosures are subject to applicable HIPAA requirements and any more protective state or federal privacy laws.

6. Clinical Photography and Patient Images

New Image Works may take photographs before, during, or after treatment to support clinical documentation, treatment planning, evaluation, and continuity of care.

Such images may constitute protected health information when associated with an identifiable patient.

Clinical photographs are maintained as confidential patient information and handled under applicable privacy requirements.

Clinical documentation does not automatically authorize marketing use.

We will not publicly use identifiable patient photographs, videos, or other protected health information for advertising, social media, website galleries, promotional materials, or other marketing purposes without an appropriate, separate written authorization, except where otherwise permitted by law.

When required by HIPAA, a marketing authorization will identify the information and permitted uses, explain applicable expiration and revocation rights, and contain the other legally required elements.

Patients may decline promotional authorization without affecting their access to treatment, except in circumstances expressly permitted by law.

A patient may revoke an authorization in writing, subject to applicable legal limitations. Revocation does not undo uses or disclosures already made in reliance on a valid authorization.

7. Marketing and Communications

We may contact patients regarding appointments, treatment follow-up, care instructions, and other communications related to healthcare services.

We may also provide information about treatment alternatives or health-related services where permitted by law.

Uses or disclosures of protected health information for marketing that require written authorization will not occur without that authorization.

We will not sell protected health information without the authorization required by applicable law.

Patients may separately opt out of promotional email or text communications using available unsubscribe methods or by contacting our practice.

Opting out of promotional communications does not prevent necessary treatment, appointment, safety, or legally required communications.

8. Your Choices About Information Sharing

You may express preferences regarding certain uses or disclosures of your health information, including sharing with family members, close friends, or others involved in your care or payment for care.

Where permitted by law, we may share relevant information with those involved in your care if you agree or do not object when given the opportunity.

If you cannot express your preference, we may act in your best interest as permitted by law.

You may request additional restrictions on uses and disclosures, subject to the limitations described below.

9. Your Rights Regarding Health Information

A. Access to Your Medical Records

You may request access to or copies of your medical records and other protected health information maintained in a designated record set.

We generally respond within 30 days as required by HIPAA, subject to legally permitted extensions and any shorter applicable state-law deadlines.

We may charge a reasonable, cost-based fee where legally permitted.

B. Request Corrections

You may request an amendment to health information you believe is inaccurate or incomplete.

We will review your request and respond within the time required by applicable law. If the request is denied, we will provide a written explanation and information about your rights.

C. Request Confidential Communications

You may ask us to communicate with you through a particular method or at a different address or telephone number.

We will accommodate reasonable requests as required by law.

D. Request Restrictions

You may request limitations on certain uses or disclosures for treatment, payment, or healthcare operations.

We are not generally required to agree to every requested restriction.

However, where required by HIPAA, if you pay for a healthcare service or item in full out of pocket and request that related information not be disclosed to your health plan for payment or healthcare operations, we will honor that request unless disclosure is required by law.

E. Accounting of Disclosures

You may request an accounting of certain disclosures of your protected health information, generally covering up to six years before the request.

Certain disclosures, including many made for treatment, payment, or healthcare operations, are excluded under applicable law.

F. Obtain a Copy of This Notice

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

G. Personal Representatives

A legally authorized personal representative may exercise applicable privacy rights on your behalf, subject to verification and legal limitations.

H. File a Privacy Complaint

You may file a complaint if you believe your privacy rights have been violated.

We will not retaliate against you for submitting a complaint or exercising your privacy rights.

10. Substance Use Disorder Records

Certain substance use disorder treatment records are subject to additional federal confidentiality protections under 42 CFR Part 2.

If New Image Works receives or maintains records subject to Part 2, those records will be handled in accordance with the applicable additional requirements.

Part 2 records, or testimony describing their contents, generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against a patient unless authorized by the patient's written consent or an applicable court order and accompanying legal process.

Other restrictions and patient rights may apply to these records.

Where Part 2 requires consent for treatment, payment, or healthcare operations disclosures, we will obtain the necessary consent. Where Part 2 records are used for fundraising, we will provide the required clear opportunity to opt out.

11. Information Security

We maintain safeguards intended to protect patient information from unauthorized access, use, disclosure, alteration, or loss.

These include appropriate administrative procedures, access controls, workforce confidentiality obligations, and technical and physical safeguards.

Although we take reasonable measures to protect patient information, no electronic information system can be guaranteed to be completely secure.

We investigate and respond to privacy and security incidents in accordance with applicable legal requirements.

12. Retention of Medical Records

We maintain medical records and clinical documentation for periods required by applicable federal and state laws, professional obligations, and legitimate healthcare needs.

Retention requirements may differ between Florida and Illinois and may vary according to the type of record and the patient's age.

Requests for deletion or correction of medical information are subject to legal record-retention obligations and applicable patient rights.

13. Changes to This Notice

We reserve the right to update this Notice as permitted by law.

The current version will be posted on our website and made available at our locations. Material changes will be communicated as required by applicable law.

14. Contact Information and Complaints

For questions about this Notice, requests concerning your medical records, or privacy complaints, contact:

New Image Works — Privacy Officer
Email: info@newimageworks.com
Mailing Address: 3633 W Lake Avenue, Suite 303, Glenview, IL 60026
Website: https://newimageworks.com

New Image Works Locations

Chicago, Illinois
1348 N Wells Street, Chicago, IL 60610
Phone: (312) 638-4979

Glenview, Illinois
3633 W Lake Avenue, Suite 303, Glenview, IL 60026
Phone: (224) 432-5803

Aventura, Florida
2920 NE 207th Street, Suite 1005, Aventura, FL 33180
Phone: (786) 438-0778

You may also submit a complaint to the U.S. Department of Health and Human Services, Office for Civil Rights.

Website: https://www.hhs.gov/hipaa/filing-a-complaint/

Phone: 1-877-696-6775

We will not retaliate against anyone for filing a privacy complaint.