SPARKLE HEALTH | Aesthetics & Wellness

NOTICE OF PRIVACY PRACTICES

Effective date: October 15, 2026 | Version 1.1, October 15, 2026

Privacy contact: Monica Katsanes, FNP-BC | (623) 606-0677 | mkatsanes@mysparklehealth.com | mysparklehealth.com
Mailing address: 406 W Gary Ave, Gilbert, AZ 85233 | Legal business name: [CONFIRM]

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

Scope and our responsibilities

Sparkle Health Aesthetics & Wellness provides self-pay mobile and telehealth services, including wellness, aesthetics, weight management, injectable therapies, and related care. If Sparkle Health is a HIPAA covered entity, we must protect your protected health information (PHI), provide this notice, follow its terms, and notify you of breaches of unsecured PHI as required by law. Regardless of HIPAA covered-entity status, Arizona law generally protects medical and payment records as confidential. We will not retaliate against you for exercising your privacy rights or filing a complaint.

How information may be used and disclosed

Treatment: To evaluate, treat, prescribe, coordinate care, refer, and communicate with pharmacies, laboratories, and other providers. Payment: To collect your direct self-pay charges, issue receipts, process refunds, and resolve payment questions; Sparkle Health does not routinely submit insurance claims. Healthcare operations: For quality, training, licensing, audits, risk management, recordkeeping, and administration. We may share information with contracted service providers only as permitted by law and with required agreements. We may contact you about appointments, follow-up care, and treatment alternatives as permitted by law.

Other disclosures permitted or required by law

Applicable laws may allow or require disclosures for public health reporting, health oversight, suspected abuse or neglect, judicial proceedings and legal process, certain law-enforcement requests, coroners, workers' compensation, emergencies, serious threats to health or safety, research subject to applicable protections, and other legally authorized purposes. Arizona medical and payment records remain subject to A.R.S. §12-2292 and other more protective laws.

Uses requiring authorization

We generally require written authorization for uses or disclosures not otherwise permitted by law, including marketing that requires HIPAA authorization, sale of PHI, and most uses of psychotherapy notes (if any). Separate authorization is required for identifiable patient before-and-after photographs, testimonials, videos, or social media advertising where applicable. You may revoke authorization in writing prospectively, except to the extent already relied upon or otherwise allowed by law.

Additional protections for substance use disorder records

Certain records protected under 42 CFR Part 2 require additional consent and confidentiality safeguards. Such records generally cannot be used or disclosed in proceedings against a patient without qualifying written consent or a qualifying court order and other applicable process. Uses and disclosures must comply with Part 2. When a patient provides one consent for treatment, payment, and healthcare operations, certain permitted redisclosures may occur under HIPAA; other Part 2 restrictions continue to apply. We will provide any additional statements required by law for records we maintain.

Your rights

You may request access to and copies of records; amendments; confidential communications; restrictions on uses and disclosures; an accounting of certain disclosures; and a paper copy of this notice. We may deny certain requests only when legally permitted and will provide required explanations. Under HIPAA, if you pay out of pocket in full for a service, you can require that we not disclose PHI about that service to a health plan for payment or healthcare operations, subject to exceptions for disclosures required by law. Arizona A.R.S. §12-2293 has specific records-response provisions and deadlines that depend on the request; we will follow applicable state and federal requirements. You may authorize a legally recognized personal representative to act for you.

Mobile care, telehealth and communications

We may collect your visit location and contact details to arrange mobile care, and clinical information to provide telehealth services. We use appropriate safeguards, but electronic communications can involve privacy risks. You may request reasonable confidential contact methods. We do not treat this privacy acknowledgment as consent to telehealth, treatment, photography, marketing, or text messaging; separate consents are used when appropriate.

People involved in your care

Where allowed by law, we may share relevant information with family, caregivers, or others involved in care or payment, based on your agreement, opportunity to object, professional judgment, or another permitted basis. Tell us if you have a confidential-communication preference.

Changes and complaints

We may revise this notice as permitted by law. The current notice will be available on our website and on request. To ask questions, exercise rights, or complain, contact Monica Katsanes, FNP-BC at (623) 606-0677 or mkatsanes@mysparklehealth.com; mailing address: 406 W Gary Ave, Gilbert, AZ 85233. You may also complain to the U.S. Department of Health and Human Services, Office for Civil Rights, at https://www.hhs.gov/ocr/complaints. You will not be retaliated against.

PATIENT ACKNOWLEDGMENT OF PRIVACY NOTICE

Sparkle Health Aesthetics & Wellness | Version of notice received: October 15, 2026

Patient full legal name: _____

Date of birth: _____

☐ I acknowledge that I received or was offered Sparkle Health's Notice of Privacy Practices. I understand this acknowledges receipt or opportunity to receive the notice; it is not consent to treatment or an authorization for otherwise prohibited uses or disclosures of my information.

Electronic signature: _____ Date/time: _____

If representative: name _____ relationship/authority _____

Office use: acknowledgment not obtained

Date/method notice offered: _____ Good-faith efforts: _____
Reason not obtained: _____ Staff initials: _____

Website form implementation

Show the complete approved notice or accessible PDF before acknowledgment; include a downloadable copy. Capture notice version, patient name, checkbox selection, signature, timestamp/time zone, representative capacity if applicable, and audit trail. Do not make clinical care contingent on signature. Use a HIPAA-capable vendor with a signed BAA if applicable, configure secure storage, restricted access, retention, and notifications without PHI. Do not send submissions through ordinary website email or unverified Formspree configuration.

Pre-publication legal and operational checklist

☐ Confirm HIPAA covered-entity status despite self-pay model; verify whether any covered electronic transactions occur through vendors.

□ Confirm legal entity name, mailing address, approved effective date, actual service and disclosure practices.

□ Confirm whether any 42 CFR Part 2 records are received and apply the February 2026 model notice provisions.

□ Review Arizona records access deadlines and any more protective confidentiality rules.

□ Verify HIPAA-enabled form plan and signed BAA; verify EHR, telehealth, storage, texting, and payments vendors.

□ Determine record retention, access request, breach response, complaint and representative workflows.

□ Have Arizona healthcare counsel or qualified compliance reviewer approve final language and publication.

Sources: HHS 2026 Model Notices https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/index.html ; HIPAA covered entities https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html ; A.R.S. §§12-2292 and 12-2293 https://www.azleg.gov/ars/12/02292.htm and https://www.azleg.gov/ars/12/02293.htm