



WELCOME!

Thank you for choosing Blue Seas MedSpa as your cosmetic treatment provider! As a new client, we ask that you complete the Client Profile form, which consists of your health history and body/skin care information. In addition, please read the Notice of Privacy Practices, Notice of Identity Theft Program, and Financial Agreement notifications and sign each consent form. The Client Profile and signature pages of each consent form should be sent to our office 48hrs prior to your clinical consultation, as they are essential in providing you the best experience.

Please send the completed forms to indulge@bluseasmedspa.com or fax them to 877-749-2041. If you have any questions, feel free to contact our office at 630-369-BSMS (2767).

Blue Seas Med Spa, LLC

Client Profile

Date ___/___/___
New Update

Thank you for visiting Blue Seas Med Spa, LLC. You are a valued client. By completing this personal profile you allow us to better customize our professional recommendations made for your skin and body needs. We sincerely appreciate you taking a moment of your time to complete this.

Contact Information:

First Name: Last Name: DOB:
Address: City:
State: Zip: Home Ph: Cell Ph: Work Ph:
Email Address:
Best Method of Contact: Home Phone Cell Phone Work Phone Email
Do you prefer email or text for appointment confirmation? Email Text Cellphone Carrier:
How were you referred to us? Please check all that apply and list name if space is provided.
Friend Physician Other
Facebook Flyer Ad/Listing (list publication) Event
Would you like to receive news about our Workshops, Events, Specials and Newsletters? Yes No

Emergency Contact:

First Name: Last Name: Relationship:
Home Ph: Cell Ph: Work Ph: Other:

What are your skin care goals?

Health Background

Please check all that apply:

- Anxiety Arthritis Asthma Blood Clots
Depression Eczema Epilepsy Headaches
Heart Condition High/Low Blood Pressure Psoriasis
Rheumatism Varicose Veins Excessive Weight Loss/Gain History of Cancer

Are you pregnant? Yes No Are you planning a pregnancy? Yes No
If yes, are you currently trying? Yes No Are you nursing? Yes No

Are you Peri- or Post Menopause?

Are you taking any medications/supplements/herbs?

Have you had any recent surgeries?

Do you have any allergies?

Do you smoke? Yes No Are you under the care of a physician? Yes No

Do you receive any regular cosmetic/wellness services?

Facial/Body Skin Care Background

Do you use any topical medications, such as Retinol? Yes No If so, what type?

Have you ever taken Isotretinoin (Accutane)? Yes No

Facial Skin Type (circle): Dry Normal Combination Oily Sensitive
Body Skin Type (circle): Dry Normal Combination Oily Sensitive

Blue Seas Med Spa, LLC

Have you ever had a reaction to a treatment/product? Yes No If yes, please describe.

What is your Fitzpatrick Skin Type? Please circle.

- Skin Type I Extremely fair skin, always burns, never tans.
- Skin Type II Fair skin, always burns, sometimes tans.
- Skin Type III Medium skin, sometimes burns, always tans.
- Skin Type IV Olive skin, rarely burns, always tans.
- Skin Type V Moderately pigmented brown skin, never burns, always tans.
- Skin Type VI Markedly pigmented black skin, never burns, always tans.

Have you spent a lot of time in the sun? Yes No

Have you ever used tanning beds? Yes No

If so, how often?

Have you had a body check done by a dermatologist? Yes No If yes, please describe.

Are you concerned about any specific "sunspots" or dark spots? Yes No

Have you ever been diagnosed with melasma "the mask of pregnancy?" Yes No

Are you concerned about any red areas? Yes No

Do you want to remove any specific veins? Yes No

Do you want to reduce the amount of hair in certain areas? Yes No

Do you breakout with acne? Yes No

Do you have wrinkles and lines that you are unhappy with? Yes No

Do you want to increase volume in your face or other areas of the body? Yes No

Do you want to reduce any cellulite? Yes No

Do you want to tighten your skin? Yes No

Do you want brighter skin? Yes No

Do you want longer eyelashes? Yes No

Is there any other information you would like to provide us? Yes No If yes, please list here.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

Blue Seas Med Spa, LLC
1220 Hobson Road, Suite 216, Naperville, IL 60540
630-369-2767
www.blueseasmedspa.com

NOTICE OF PRIVACY PRACTICES
Effective Date: May 1, 2012

OUR LEGAL OBLIGATIONS

Maintain the privacy of your protected health information (PHI).
Provide you notice of our legal duties and privacy practices regarding your PHI.
Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

Described below are ways we may use and disclose PHI. Except as provided in this Notice, we will use and disclose PHI only with your written authorization. You may revoke such authorization at any time by writing to our practice Privacy Officer.

TREATMENT: We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. This means that your PHI may be disclosed to doctors, nurses, technicians or other personnel, both inside and outside of our office, who are involved in your care. Additionally we may use and disclose PHI to inform you about treatment alternatives or health-related benefits and services that may be of interest to you.

PAYMENT: We may use and disclose PHI so that we, or others may bill and receive payment from you, such as a third party for the treatment and services you received.

HEALTH CARE OPERATIONS: We may use and disclose PHI for health care operation purposes. These uses and disclosures are necessary to make sure that our clients receive quality care and to operate and manage our office. For example, we may use and disclose PHI to make sure the treatments and other services you receive are of the highest quality.

APPOINTMENT REMINDERS: We may use and disclose PHI to contact you and to remind you that you have an appointment with us.

SPECIAL SITUATIONS

AS REQUIRED BY LAW: We will disclose PHI as required to do so by international, federal, state or local laws.

FAMILY & FRIENDS: We may disclose PHI to family members or close friends if we receive your written agreement or if when given an opportunity to object, you do not. We may also disclose PHI to family and friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to disclosure when you bring your spouse, family member or friend into the treatment room for discussion, evaluation or treatment.

EMERGENCY SITUATIONS OR TO AVERT A SERIOUS THREAT TO HEALTH AND SAFETY: We may use and disclose PHI in an emergency situation or to prevent a serious threat to your health or safety or the health and safety of the public. Disclosures, however, will only be made to someone who may be able to help prevent the threat.

BUSINESS ASSOCIATES: We may disclose PHI to our business associates that provide functions on our behalf or provide us with services if the PHI is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your PHI and are not allowed to use or disclose PHI other than is specified in our contract.

MILITARY & VETERENS: If you are a member of the armed forces, we may use PHI as required by military command authorities.

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WORKERS' COMPENSATION: We may release PHI for workers' compensation or similar programs. These programs provide benefit for work-related injuries or illnesses.

PUBLIC HEALTH RISKS: We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births or deaths; report communicable or sexually transmitted diseases; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition; and the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include but are not limited to investigations, audits, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

LEGAL MATTERS: If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested.

LAW ENFORCEMENT: We may release PHI if requested by a law enforcement official if the PHI is in response to a court order, subpoena, warrant, summons or similar process; limited information to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; about a death we may believe may be a result of criminal conduct; about criminal conduct on our premises; and in an emergency to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

INFORMATION NOT PERSONALLY IDENTIFIABLE: We may use or disclose PHI about you in a way that does not personally identify you or reveal who you are.

OTHER USES AND DISCLOSURES:

We will not use or disclose your PHI for any purpose other than those described in the previous sections without your specific authorization. We must obtain your authorization separate from any consent we may have obtained by you. If you have given us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your PHI for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

In Illinois, a specific written authorization (different than the authorization and consent mentioned above) is required to disclose or release records of mental health treatment, alcoholism treatment, drug abuse treatment or HIV/AIDS treatment information.

We do not use or disclose PHI for marketing purposes or research activities.

YOUR RIGHTS

RIGHT TO INSPECT & RECEIVE COPY: You have the right to inspect and receive a copy of PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and receive a copy of this PHI you must send a written request to our

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Privacy Officer, Blue Seas Med Spa, LLC 1220 Hobson Road, Suite 216, Naperville, IL 60540. If you request a copy of this PHI we may charge a fee as allowed by Illinois law. We may deny your request in certain limited circumstances. You may ask that the denial be reviewed. If such a review is required, by law we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome review.

RIGHT TO AMEND: If you feel the current PHI we have is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must make your request, in writing, to Privacy Officer, Blue Seas Med Spa, LLC 1220 Hobson Road, Suite 216, Naperville, IL 60540. We may deny your request as permitted by law.

RIGHT TO AN ACCOUNTING OF DISCLOSURES. You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment and health care operations. To request an accounting of disclosures, you must make your request in writing, to Privacy Officer, Blue Seas Med Spa, LLC 1220 Hobson Road, Suite 216, Naperville, IL 60540. We may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS. You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Privacy Officer, Blue Seas Med Spa, LLC 1220 Hobson Road, Suite 216, Naperville, IL 60540. We are not required to agree to your request. If we agree, we will comply with your request unless PHI is needed to provide you with emergency treatment.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communication, you must make your request, in writing, to Privacy Officer, Blue Seas Med Spa, LLC 1220 Hobson Road, Suite 216, Naperville, IL 60540. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

RIGHT TO A PAPER COPY OF THIS NOTICE. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website www.blueseasmedspa.com. To obtain a paper copy of this notice, ask any of our office personnel by calling 630-369-2767.

CHANGES TO THIS NOTICE. We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page underneath the title of this document.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Privacy Officer, Blue Seas Med Spa, LLC 1220 Hobson Road, Suite 216, Naperville, IL 60540. All complaints must be in writing. You will not be penalized for filling a complaint.

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**CONSENT FOR RELEASE AND USE OF CONFIDENTIAL INFORMATION AND RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

Client Name: _____ **Date of Birth:** ____/____/____

I have received and understand this practice's Notice of Privacy Practices as written. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I may revoke my consent in writing except to the extent that the practice has already made disclosure in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Blue Seas Med Spa, LLC may decline to provide treatment to me.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices. If changes to the policy do occur, this practice will provide me a revised Notice of Privacy Practices upon my request.

With this consent, Blue Seas Med Spa, LLC may call my home, cell or other alternative location and leave a message on voicemail or in person including but not limited to appointment reminders, billing items and any calls pertaining to my wellness care.

With this consent, Blue Seas Med Spa, LLC may mail to my home or other alternative location items including but not limited to reminder cards and billing statements.

Contact Preference:

Phone Number(s): _____

(List all numbers contact can be made and detailed messages can be left)

I authorize Blue Seas Med Spa, LLC to release protected health information to my family member(s) listed below: You may choose not to list anyone.

Name _____ Relationship _____
Contact Number _____

I, _____, hereby give my consent to Blue Seas Med Spa, LLC to use
(Name of Client or Authorized Agent)
and disclose, for the purpose of carrying out treatment, payment, or health care operations
all information contained in the client record of _____.
(Client's Name)

Signature of Client or Authorized Agent

Date

Witness

Date

Blue Seas Med Spa, LLC
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NOTICE OF IDENTITY THEFT PREVENTION PROGRAM
Effective Date: May 1, 2012

OUR OBLIGATIONS:

Maintain the protection of your identity.
Provide you notice of our legal duties and privacy practices regarding your identity.
Follow the terms of our notice that is currently in effect.

FEDERAL REGULATIONS:

The Federal Trade Commission ("FTC") has adopted regulations that require "creditors" holding consumer or other covered accounts which are used primarily for family, personally, or household purposes and involve or are designed for multiple payments or transactions to develop and implement by May 1st 2009, identity theft prevention programs that comply with those regulations.

As we at Blue Seas Med Spa, LLC provide services and store client accounts in an electronic system through which it also processes invoices and services claims, we are a "creditor" under the applicable FTC regulations and must therefore comply with those regulations by adopting and implementing an identity theft prevention program. We intend to meet or exceed all federal requirements and formalize practices.

HEALTHCARE REGULATIONS:

In healthcare, the Red Flags Rule requires many healthcare establishments to implement a written Identity Theft Prevention Program designed to detect the warning signs — or "red flags" — of identity theft in their day-to-day operations. By identifying red flags in advance, businesses will be better equipped to spot suspicious patterns that may arise -- and take steps to prevent a red flag from escalating into a costly episode of identity theft.

OUR IDENTITY THEFT PREVENTION PROGRAM:

We have identified "red flags" that may create opportunities for identity theft in our practice. We have created a response action for staff to follow when "red flags" are detected to ensure proper response. We provide Compliance Training to our staff to teach them how to respond appropriately to detected "red flags" so as to prevent and mitigate identity theft. We update our identity theft prevention program protocols periodically to reflect changes in identity theft risk to Clients to Blue Seas Med Spa, LLC. We place the highest priority on protecting any confidential financial and personal information submitted to it in the course of providing healthcare services. Our Program is listed in detail on pages 3-5 of this Notice.

HOW WE MAY USE AND DISCLOSE IDENTITY:

Described below are ways we may use and disclose identity. Except as provided in this Notice, we will use and disclose identity only with your written authorization. You may revoke such authorization at any time by writing to our practice Compliance Officer.

- **PAYMENT:** We may use and disclose your identity so that we, or others may bill and receive payment from you, such as an insurance company or a third party for the treatment and services you received.
- **ELECTRONIC DATA:** Our practice management, electronic healthcare records, and photography software systems store your personal information that you have provided us for the purposes of carrying out your services. This information is stored in a secure, encrypted system that uses a network security router with built-in firewalls to protect against hackers from entering the network. Electronic data may also be stored on photocopier equipment and computer hardware. In the event that these systems need replacement, the data stored in the hard drives will be erased to prevent your identity theft.

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- **HEALTH CARE OPERATIONS:** We may use and disclose your identity for health care operation purposes. These uses and disclosures are necessary to make sure that our clients receive quality care and to operate and manage our office.
- **TREATMENT:** We may use and disclose identity for your treatment and to provide you with treatment-related health care services. This means that your identity may be disclosed to doctors, nurses, technicians or other personnel, both inside and outside of our office, who are involved in your care.

SPECIAL SITUATIONS

AS REQUIRED BY LAW: We will disclose identity as required to do so by international, federal, state or local laws.

USES AND DISCLOSURES: We will not use or disclose your identity for any purpose other than those described in the previous sections without your specific authorization. We must obtain your authorization separate from any consent we may have obtained by you. If you have given us authorization to use or disclose your identity, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your identity for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

YOUR RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we do not communicate with you over the internet (through email) and only contact you by written mail or in person. To request confidential communication, you must make your request, in writing, to Compliance Officer, Blue Seas Med Spa, LLC, 1220 Hobson Road, Suite 216, Naperville, IL 60540. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

YOUR RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website www.blueseasmedspa.com. To obtain a paper copy of this notice, ask any of our office personnel by calling 630-369-2767.

CHANGES TO THIS NOTICE: We reserve the right to change this notice and make the new notice apply to information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page underneath the title of this document.

COMPLAINTS: If you believe your identity rights have been violated, you may file a complaint with our office or with the Federal Trade Commission. To file a complaint with our office, contact Compliance Officer, Blue Seas Med Spa, LLC, 1220 Hobson Road, Suite 216, Naperville, IL 60540. All complaints must be in writing. You will not be penalized for filing a complaint.

**Identity Theft Prevention Program
In Accordance with the Fair and Accurate Credit Transactions Act of 2003¹**

Regulations adopted by the Federal Trade Commission (FTC) pursuant to the Fair and Accurate Credit Transaction Act (FACTA) require public agencies such as Blue Seas Med Spa, LLC that act as creditors for purposes of such legislation to evaluate and formally adopt programs to detect, prevent, and mitigate identity theft before May 1st, 2009. Blue Seas Med Spa, LLC intends to protect the personal financial and private information of its patients. The following Identity Theft Prevention

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Program is intended to memorialize and outline the identity protections and procedures of the Blue Seas Med Spa, LLC and to formalize their continued use and update, as required by law.

To summarize, FACTA regulations require creditors like Blue Seas Med Spa, LLC to adopt programs that can spot identity theft “red flags” (patters, practices, or general specific activities that indicate possible misuse or theft of personal financial information) and then act appropriately. In accordance with Federal Trade Commission guidelines and regulations, Blue Seas Med Spa, LLC’s Program is broken up into four parts and provides “reasonable policies” and “procedures” to do the following:

- 1) Identify “red flags” applicable to the types of financial or service accounts maintained by Blue Seas Med Spa, LLC and incorporate those “red flags” into the program;
- 2) Detect those “red flags” that have been incorporated into the Program as they occur;
- 3) Endure that the staff of Blue Seas Med Spa, LLC respond appropriately to detected “red flags” so as to prevent and mitigate identity theft;
- 4) Ensure that the Program itself is updated periodically, to reflect changes in identity theft risk to Clients or Blue Seas Med Spa, LLC.

Blue Seas Med Spa, LLC places the highest priority on protecting any confidential financial and personal information submitted to it in the course of providing medical services. The Program listed herein satisfies all FACTA requirements.

Section 1. Program “Red Flags”

FACTA covers certain Blue Seas Med Spa, LLC transactions in which the Blue Seas Med Spa, LLC defers payment for goods or services. Most, if not all, such transactions are those connected with Blue Seas Med Spa, LLC’s collection of payments for the delivery of medical care and/or cosmetic products. Under the FTC regulations, Blue Seas Med Spa, LLC must identify those red flags that are relevant and applicable to its FACTA-covered activities. The following are those red flags that the Blue Seas Med Spa, LLC’s Program is designed to spot:

- A. A consumer credit reporting agency reports the following in response to a credit check request (Blue Seas Med Spa, LLC does not pull credit reports on Clients at this time)
 - 1) Fraud or active duty
 - 2) Credit freeze
 - 3) The Social Security Number (SSN) is invalid or belongs to a deceased person.
 - 4) The age or gender on the credit report is clearly inconsistent with information provided by the Client.
- B. Suspicious Documents
 - 1) Documents provided for identification appear to have been altered or forged.
 - 2) The photograph or physical description on the identification is not consistent with the appearance of the applicant or Client presenting the identification.
 - 3) Other information on the identification is not consistent with information provided by Client.
- C. Suspicious Personal Identifying Information
 - 1) The SSN provided by the customer belongs to another Client with-in the software database.
 - 2) The person opening the covered account fails to provide all required personal identifying information on the Client Registration forms or in response to notification that the registration form is incomplete.
- D. Unusual Use of, Suspicious Activity Related to, the Covered Account
 - 1) A Client other than the account holder or responsible party requests information or ask to make changes to an established Client account.
 - 2) A Client notifies Blue Seas Med Spa, LLC of the following activities:
 - a. Billing statements are not being received
 - b. Unauthorized changes to a Client’s account
 - c. Fraudulent activity on the Client bank account or credit card that is used to pay for charges.

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- E. Notice from Clients, Victims of Identity Theft, Law Enforcement Authorities, or Other Persons Regarding Possible Identity Theft in Connection with Covered Accounts Held by Blue Seas Med Spa, LLC.
- 1) Blue Seas Med Spa, LLC is notified by a Client, a victim of identity theft, a law enforcement authority, or any other person that it has opened a fraudulent account for a person engaged in identity theft.

Section 2. Red Flag Detection

In connection with the opening and providing medical care for Client account, the staff of Blue Seas Med Spa, LLC will take the following steps to detect the red flags identified in Section 1.

- A. New Accounts:
- 1) Require certain identifying information such as name, date of birth, residential or business address, telephone number, email address, driver's license or other identification; and
 - 2) Verify the patient's identity (for instance, review a driver's license or other identification care); or
 - 3) Review the Business License system to determine the existence of the business entity before establishing a working share of information on a Client; or
 - 4) Request a consumer credit report check.
- B. Existing Accounts:
- 1) Verify the identification of Clients using date of birth, telephone number or email address if they request account information other than the outstanding balance owed; and
 - 2) Verify the validity of requests to change billing address; and
 - 3) Verify changes in banking information given for billing and payment purposes.
- C. Online and in-house server safeguards
- 1) Mailbox monitoring and email scanning
 - 2) Domain monitoring
 - 3) Web log analysis
 - 4) Restricted open access to internet
 - 5) Auto-updated antivirus

Section 3. Blue Seas Med Spa, LLC's Response to Detected Red Flags

Each situation shall be evaluated on a case-by-case basis. Responses may include, but are not limited to, the following:

- 1) Marking an account in the software system and monitoring it for evidence of identity theft;
 - 2) Contacting the patient;
 - 3) Not opening the new account;
 - 4) Closing an existing account;
 - 5) Notifying the appropriate law enforcement and/or prosecutorial agencies; and
 - 6) Taking no action at all, if no identity theft or other malfeasance is found to have taken, was attempted or took place.
- A. Online and IT Safety response
- 1) Use Transaction monitoring and analysis to track back office systems;
 - 2) Block fraudulent activities;
 - 3) Observe Malware activities and analyze new mal ware behavior; and
 - 4) Keep current online incident response and countermeasure capabilities to insure rapid response in order to minimize losses from any attack.

Section 4. Oversight of Program Administration

As required by FACTA regulations, a designated employee at the level of senior management shall oversee the identity theft prevention program. In Blue Seas Med Spa, LLC 's Program, the Compliance Officer shall have the specific responsibility for the Program's implementation and to approve reports prepared by the staff of Blue Seas Med Spa, LLC regarding compliance of the Program with FACTA regulations.

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Material changes to the Program as necessary to address changing identity theft risks shall be reviewed by the Compliance officer and approved by the CEO.

By December 31 of every year, the Compliance Officer shall prepare a report on Blue Seas Med Spa, LLC's compliance with FACTA regulations to the CEO. The report shall address materials related to the Program and evaluate such issues as:

1. The effectiveness of the company's policies and procedures in addressing the risk of identity theft in connection with the opening of covered accounts and with respect to existing covered accounts;
2. Security of service provider arrangements, if applicable;
3. Significant incidents involving identity theft and management's response; and
4. Recommendation for material changes to the Program, if necessary.

Finally, whenever Blue Seas Med Spa, LLC engages a service provider to perform an activity in connection with one or more covered accounts, Blue Seas Med Spa, LLC shall take steps to ensure that the activity of the service provider is conducted in accordance with reasonable policies and procedures designed to detect, prevent, and mitigate the risk of identity theft. In this regard, Blue Seas Med Spa, LLC may, if it deems appropriate, require the service provider to have policies and procedures to detect relevant red flags, as set forth in this Program.

¹Identity Theft Red Flags and Address Discrepancies Under the Fair and Accurate Credit Transactions Act of 2003. 72 Fed. Reg. 63717, 63773 (Nov. 9, 2007) (codified at 16 CFR Part 681)

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**CONSENT FOR NOTICE OF IDENTITY THEFT PREVENTION PROGRAM AND RECEIPT OF
IDENTITY THEFT PREVENTION PROGRAM**

Client Name: _____ **Date of Birth:** ____/____/____

I have received and understand Blue Seas Med Spa, LLC's Notice of Identity Theft Prevention Program as written. The Identity Theft Prevention Program provides detailed information about how the med spa may use, disclose, and protect my confidential information.

I may revoke my consent in writing except to the extent that the practice has already made disclosure in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Blue Seas Med Spa, LLC may decline to provide treatment to me.

I understand that this practice reserves the right to change the terms of its Identity Theft Prevention Program. If changes to the policy do occur, this practice will provide me a revised Identity Theft Prevention Program upon my request.

I authorize Blue Seas Med Spa, LLC to release my private protected information to my family member(s) listed below: You may choose not to list anyone.

Name _____ Relationship _____
Contact Number _____

I, _____, hereby give my consent to {Insert company name} to use
(Name of Client or Authorized Agent)
and disclose, for the purpose of carrying out treatment, payment, or health care operations
all information contained in the client record of _____.
(Client's Name)

Signature of Client or Authorized Agent **Date**

Witness **Date**

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FINANCIAL AGREEMENT

Client Name: _____ **Date of Birth:** ____/____/____

I understand that the services performed by Blue Seas Med Spa, LLC are elective services and will not be billed to my insurance.

I understand that payment is due at the time of service, without exception.

I understand that Blue Seas Med Spa, LLC accepts Cash, Check, Visa, Mastercard and Discover as acceptable forms of payment for service.

I understand it is my responsibility to inquire about costs associated with each treatment prior to receiving service in the unlikely event the fees have not been provided to me.

With this consent, I understand that Blue Seas Med Spa, LLC will provide all means necessary to collect payment from me for my rendered services at Blue Seas Med Spa, LLC and in the event that I do not pay, I approve Blue Seas Med Spa, LLC to process any unpaid balance through to Collections.

I understand that this practice reserves the right to change the terms of this agreement. If changes to this agreement do occur, this practice will provide me a revised Financial Agreement upon my request.

I have received and understand this Financial Agreement as written.

I may revoke my consent in writing except to the extent that the practice has already provided service in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Blue Seas Med Spa, LLC may decline to provide treatment to me.

I, _____, hereby consent to Blue Seas Med Spa, LLC the Financial
(Name of Client or Authorized Agent)
Agreement, for the purpose of carrying out treatment, payment, or health care operations for all services rendered by Blue Seas Med Spa, LLC

Signature of Client or Authorized Agent

Date

Witness

Date