NOTICE OF PRIVACY PRACTICES

WWCC Ventures Ltd LLP, d/b/a Woodlands Wellness & Cosmetic Center
PeacockAesthetics MD PLLC

4850 West Panther Creek Drive, Suite 105
The Woodlands, Texas 77381
Phone: (281) 362-0014

Privacy Officer: Office Manager | Email: laurasp@woodlandswellness.com | Phone: (281) 362-0014

Effective Date: October 5, 2026

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.

This Notice of Privacy Practices ("Notice") applies to WWCC Ventures Ltd LLP, d/b/a Woodlands Wellness & Cosmetic Center, and PeacockAesthetics MD PLLC (collectively, "Woodlands Wellness," "we," "our," or "us") with respect to protected health information maintained in connection with health care services provided through the practice at the location identified above.

We are required by law to protect the privacy and security of your protected health information ("PHI"), to provide you with this Notice describing our legal duties and privacy practices, and to follow the terms of the Notice currently in effect.

Texas law may provide additional privacy protections for certain health information. When applicable Texas law provides greater privacy protection than federal law, we will comply with the more protective requirement.

YOUR RIGHTS

You have the following rights regarding your health information.

1. Get an Electronic or Paper Copy of Your Medical Record

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 generally will provide access or a copy within the time required by applicable federal and Texas law. We may charge a reasonable, lawful cost-based fee where permitted.

In certain limited circumstances permitted by law, we may deny access to some information. If we deny your request, we will explain the reason and tell you whether you have a right to have the decision reviewed.

How to request your records

You may request your records:

- Through the eClinicalWorks patient portal; or
- By submitting a written request to the Privacy Officer / Medical Records Request contact below.

Privacy Officer / Medical Records Request
Woodlands Wellness and Cosmetic Center
4850 West Panther Creek Drive, Suite 105
The Woodlands, Texas 77381

Phone
(281) 362-0014

Email
laurasp@woodlandswellness.com

For your protection, we may verify your identity and authority before releasing records.

2. Ask Us to Correct Your Medical Record

If you believe health information we maintain about you is incorrect or incomplete, you may ask us to amend it.

We may deny your request in certain circumstances permitted by law, but we will provide you with a written explanation when required.

3. Request Confidential Communications

You may ask us to contact you about health matters in a particular way or at a particular location.

For example, you may ask us to contact you only at a particular telephone number or mailing address.

We will accommodate reasonable requests.

4. Ask Us to Limit What We Use or Share

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations.

We are generally not required to agree to such a request.

However, if you pay for a health care service or item completely out-of-pocket, you may ask us not to disclose information about that service or item to your health plan for payment or health care operations. We will honor that request unless disclosure is required by law.

5. Get a List of Certain Disclosures

You may request an accounting of certain disclosures of your health information made during the six years before the date of your request.

The accounting will not include certain disclosures excluded by law, such as many disclosures for treatment, payment, or health care operations and disclosures you specifically authorized.

We will provide one accounting in a 12-month period without charge. We may charge a reasonable, cost-based fee for additional requests during the same period, as permitted by law.

6. Get a Copy of This Notice

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

The current Notice will also be available at our office and on our website.

7. Choose Someone to Act for You

If you have given another person medical power of attorney or another person is legally authorized to act as your personal representative, that person may exercise your rights and make choices regarding your health information to the extent permitted by law.

We may verify that person's authority before taking action.

8. File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us by contacting:

Privacy Officer
Woodlands Wellness and Cosmetic Center
4850 West Panther Creek Drive, Suite 105
The Woodlands, Texas 77381

Phone
(281) 362-0014

Email
laurasp@woodlandswellness.com

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

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

YOUR CHOICES

For certain health information, you may tell us your preferences regarding what we disclose.

Family, Friends, and Others Involved in Your Care

You may tell us whether we may disclose relevant health information to family members, close friends, or others involved in your care or payment for your care.

If you are unable to tell us your preference, such as during an emergency, we may disclose information when we determine that doing so is in your best interests and is permitted by law.

We may also disclose information when necessary to lessen a serious and imminent threat to health or safety when permitted by law.

Disaster Relief

We may disclose limited health information to an organization assisting in disaster-relief efforts when permitted by law so that your family or others responsible for your care can be notified of your condition, status, or location.

Marketing

We will obtain your written authorization before using or disclosing your PHI for marketing when authorization is required by federal or Texas law.

We do not sell your PHI.

We do not receive payment from third parties for marketing communications using your PHI.

Fundraising

We do not use your PHI for fundraising activities.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Federal and Texas law allow or require us to use or disclose your health information under specified circumstances.

Treatment

We may use and disclose your health information to provide, coordinate, or manage your health care and related services. For example, a provider treating you may share relevant health information with another provider involved in your treatment.

Payment

We may use and disclose your health information to bill for services and obtain payment from you, an insurance company, health plan, or another responsible party.

Health Care Operations

We may use and disclose your health information to operate our practice, improve the quality of care, conduct compliance and quality activities, train staff, conduct appropriate business management activities, and contact you when necessary.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or disclose your health information without your written authorization when applicable law permits or requires us to do so, including for the following purposes:

Public Health and Safety

We may disclose health information for lawful public-health activities, including:

- Preventing or controlling disease;
- Reporting adverse events or product problems;
- Reporting suspected abuse, neglect, or domestic violence as authorized or required by law;
- Preventing or reducing a serious threat to health or safety; and
- Other public-health activities authorized by law.

Health Oversight

We may disclose health information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, licensure, and disciplinary proceedings.

Legal and Administrative Proceedings

We may disclose health information in response to a lawful court or administrative order, subpoena, discovery request, or other lawful process when the requirements of applicable federal and Texas law are satisfied.

Law Enforcement

We may disclose health information for certain law-enforcement purposes when permitted or required by law.

Workers' Compensation

We may disclose health information as authorized by and to the extent necessary to comply with workers' compensation laws and similar programs.

Coroners, Medical Examiners, and Funeral Directors

We may disclose health information to coroners, medical examiners, and funeral directors when permitted by law.

Organ and Tissue Donation

When applicable, we may disclose health information to organizations involved in organ, eye, or tissue donation and transplantation.

Research

We may use or disclose health information for research when the research satisfies applicable legal requirements, including appropriate authorization or approval of a waiver when required.

Required by Law

We will disclose health information when federal, state, or local law requires us to do so.

TEXAS PRIVACY PROTECTIONS

Texas law provides additional protections for health information.

Communications between a physician and patient relating to professional medical services, as well as records concerning a patient's identity, diagnosis, evaluation, or treatment created or maintained by a physician, are confidential and privileged except as disclosure is authorized or required by law.

We will comply with applicable Texas requirements when Texas law provides greater privacy protection than federal law.

Texas law also imposes requirements concerning certain electronic disclosures of PHI. Where a separate authorization is required for an electronic disclosure under Texas law, we will obtain the required authorization unless an applicable exception permits the disclosure, including certain disclosures for treatment, payment, health care operations, or as otherwise authorized or required by law.

SUBSTANCE USE DISORDER RECORDS

Woodlands Wellness does not operate a federally assisted substance use disorder treatment program subject to 42 CFR Part 2.

However, we may receive records from another provider or program that are protected by federal substance use disorder confidentiality law.

If we maintain substance use disorder patient records protected by 42 CFR Part 2, we will use and disclose those records only as permitted by applicable federal law.

A record of a substance use disorder diagnosis, treatment, or referral for treatment that is protected by 42 CFR Part 2 may be subject to additional restrictions on use and disclosure.

We will not use or disclose Part 2 records in civil, criminal, administrative, or legislative proceedings against you except as specifically permitted by applicable federal law or pursuant to appropriate consent or court authorization.

We do not use PHI, including Part 2 information, for fundraising.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Uses and disclosures of your PHI not otherwise permitted or required by this Notice or applicable law generally will be made only with your written authorization.

When required by law, this includes certain:

- Marketing uses or disclosures;
- Sales of PHI;
- Uses or disclosures of psychotherapy notes, if we maintain such notes; and
- Other uses or disclosures requiring authorization under federal or Texas law.

If you give us written authorization, you may revoke that authorization in writing at any time, except to the extent that we have already acted in reliance on it or as otherwise provided by law.

ELECTRONIC HEALTH INFORMATION

We use electronic systems to create, maintain, transmit, and receive health information.

We employ administrative, physical, and technical safeguards designed to protect the privacy and security of PHI as required by applicable law.

Electronic disclosures of PHI will be made in accordance with HIPAA, the Texas Medical Records Privacy Act, the Texas physician-patient confidentiality provisions, and other applicable laws.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with this Notice describing our legal duties and privacy practices;
- Follow the privacy practices described in the Notice currently in effect;
- Notify you as required by law if a breach occurs that may have compromised the privacy or security of your PHI; and
- Comply with applicable federal and Texas privacy laws.

We will not use or disclose your information other than as described in this Notice unless you authorize us to do so in writing or another use or disclosure is permitted or required by law.

If you authorize a use or disclosure, you generally may revoke that authorization in writing at any time, subject to applicable law.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and our privacy practices.

Changes may apply to PHI we already maintain as well as information we receive in the future, to the extent permitted by law.

If we make a material change, we will make the revised Notice available at our office and prominently available on our website.

The current Notice will state its effective date.

QUESTIONS OR PRIVACY COMPLAINTS

For questions about this Notice, requests concerning your privacy rights, or complaints concerning our privacy practices, contact:

Privacy Officer - Office Manager
Woodlands Wellness and Cosmetic Center
4850 West Panther Creek Drive, Suite 105
The Woodlands, Texas 77381

Phone
(281) 362-0014

Email
laurasp@woodlandswellness.com

FEDERAL PRIVACY COMPLAINTS

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights

Complaints may be submitted through the HHS Office for Civil Rights complaint process.

You will not be retaliated against for filing a complaint.

TEXAS PATIENT RECORD ACCESS AND COMPLAINT INFORMATION

Requesting Your Health Care Records

Texas law provides patients certain rights regarding access to health care records.

To request your records from Woodlands Wellness, you may use the eClinicalWorks patient portal, or submit a written medical-record request to:

Privacy Officer / Medical Records Request
Woodlands Wellness and Cosmetic Center
4850 West Panther Creek Drive, Suite 105
The Woodlands, Texas 77381

Phone
(281) 362-0014

Email
laurasp@woodlandswellness.com

Please provide sufficient information for us to identify the records requested and verify your identity and authority to receive them.

We will respond within the time required by applicable federal and Texas law.

Texas Medical Licensing Complaints

Physicians and certain other health professionals are regulated by the Texas Medical Board.

Patients may contact the Texas Medical Board regarding complaints concerning professionals within the Board's jurisdiction.

Texas Medical Board
Complaint Hotline: 1-800-201-9353

Complaints may also be submitted through the Texas Medical Board's online complaint process.

Different health professionals may be regulated by different Texas licensing authorities. We will provide information concerning the appropriate licensing authority upon request.

Texas Health Information Privacy Complaints

Texas law provides certain rights regarding the privacy of and access to health care records under Texas Health & Safety Code Chapter 181 (Medical Records Privacy).

A consumer who believes those privacy rights have been violated may obtain information about applicable privacy rights, regulatory agencies, and complaint procedures through the Texas Office of the Attorney General, Consumer Protection Division.

ACKNOWLEDGMENT OF RECEIPT

You may be asked to acknowledge that you received or were offered this Notice of Privacy Practices.

Signing an acknowledgment does not authorize additional uses or disclosures of your health information and does not waive any of your privacy rights.

Patient Name: _____

Signature: _____

Date: _____

If signed by personal representative:

Name: _____

Relationship/Authority: _____