

**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU REQUIRE MORE INFORMATION, PLEASE CONTACT THE COMPLIANCE OFFICER AT THE OFFICE.

This Notice of Privacy Practices ("Notice") describes how medical information about you may be used and disclosed by Commonwealth Dermatology, PLLC. We are required by federal and state laws to maintain the privacy of your Protected Health Information (PHI) and to give you this notice explaining those privacy practices. Protected Health Information is information that individually identifies you.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

For Your Treatment: Your PHI may be provided to a physician or healthcare provider (a specialist or laboratory) to whom you have been referred, to ensure they have the necessary information to diagnose, treat or provide you a service.

For Payment: Your PHI may be used and disclosed to enable us to bill and either collect payment from you, a health plan or a third party for the treatment and services you receive from us. As an example, we may need to give your health plan information of your treatment in order for your health plan to agree payment for that treatment.

For Health Care Operations: We may use and disclose your PHI in order to support the business activities of our office. These activities include, but are not limited to, the evaluation of our team members in caring for you, quality assessment, the disclosure of information to physicians, nurses, medical technicians, medical students and other authorized personnel for educational and learning purposes. We participate in Organized Health Care Arrangements with providers in Hartford Healthcare's Integrated Care Partners system. We may use your PHI for our own health care operations and for those of the Organized Health Care Arrangements in which we participate,

Appointment Reminders/Treatment Alternatives/ Health-Related and Services: We may use and disclose your PHI to contact you to remind you that you have a scheduled medical appointment or to advise you of treatment options or alternatives or health related benefits and services which may be of interest to you.

As required by Law: We will disclose your PHI about you when required to do so by international, federal, state, or local law. See below for restrictions that may apply to reproductive and substance abuse disorder records.

Special Protections for Reproductive Health Care Information: Under the 2024 HIPAA Privacy Rule Final Rule, we are prohibited from using or disclosing your PHI (1) to investigate or impose liability on any person for seeking, obtaining, providing, or facilitating lawful reproductive health care; (2) to identify any person for such purposes. We will not disclose your reproductive health information to law enforcement or other third parties without your explicit, signed attestation confirming that the request is not for one of the prohibited purposes.

Substance Use Disorder (SUD) Records: If we receive records protected under 42 CFR Part 2, these records will not be used in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order.

Marketing and any purposes which require the sale of your information: These disclosures require your written authorization.

Redisclosure. Medical information disclosed pursuant to the HIPAA Privacy Rule may be subject to redisclosure by the recipient and may no longer be protected by HIPAA.

Any other uses and disclosures not recorded in this Notice will be made only with your written authorization. You may revoke the authorization at any time by submitting a written revocation and we will no longer disclose your PHI, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

STANDARD ELECTRONIC COMMUNICATIONS

Standard Electronic Communications Not Secure. Using any form of unsecured electronic communication (such as regular email or standard text messaging) to communicate with us can present risks to the security of your information. These risks include possible interception of the information by unauthorized parties, misdirected messages, shared accounts, message forwarding, or storage of the information on unsecured platforms and/or devices. We do not recommend communicating with us via unsecured email or text message when your medical information or other personal information is involved. We provide multiple platforms that can be used by you to communicate with us via secure electronic messaging platforms. However, you should note that the use of any form of electronic messaging is not appropriate for medical emergencies.

If you provide us with an email address or mobile phone number, we may communicate with you using unsecured text or email related to general information or reminders, such as alerts related to the patient portal. You will be provided with an opportunity to opt out of these communications and may also opt out at any time by notifying the Privacy Officer at the contact information included below. Please note, however, that systems may take a short period of time to update once you alert us of your preferences.

We recognize that there may also be times when you choose to communicate with us using unsecured email or standard text messaging for convenience purposes. By choosing to correspond with us via unsecured electronic communication platforms, you acknowledge and accept the risks involved and understand that you are responsible for any charges applied by your telecommunications carrier.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

The Right to Inspect and Copy: Under federal law you have the right to inspect and copy your PHI. You may have to pay a fee to get a paper or downloaded copy.

The Right to an Electronic Copy of Electronic Medical Records: You have the right to request to be given to you or have transmitted to another individual or entity, an electronic copy of your medical records, if they are maintained in an electronic format. We will make every effort to provide the electronic copy in the format you request however if it is not readily producible by us we will provide it in either our standard format or in hard copy form (fees may apply).

The Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured PHI.

The Right to Request Restrictions: You may request restrictions of disclosures made with your prior consent for purposes of treatment, payment, and health care operations. Your request must be made in writing to our HIPAA Compliance Officer with specific instructions. We will review your request but are not required to agree unless the request relates to sharing information with your insurance provider and your care has already been paid in full by another source. If we agree to your request, we may still share your information where needed for emergency care or where required by law. You also have the right to request a limit on the PHI we disclose about you to someone involved in your care or payment of your care.

The Right to Request Amendments: If you feel that the PHI, we have is incorrect or incomplete, you may ask us to amend the information. A request and the reason for the requested amendment must be made in writing to the HIPAA Compliance Officer at the information at the end of this Notice. In certain cases, we may deny your request. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy.

The Right to an Accounting of Disclosures: You have the right to receive an accounting of all disclosures except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred six years prior to

the date of request. Your request must be made in writing and you must indicate in what form you want the list, for example on paper or electronically. The first accounting of disclosures in any 12-month period will be free. Any additional requests within that same time period we may charge reasonable costs. You may withdraw or modify your request before the costs are incurred.

The Right to Request to Receive Confidential Communications: You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you on a specific telephone number. Your request must be made in writing with specific instructions on how and where we contact you. We will accommodate all reasonable requests.

COMPLAINTS

To file a complaint with us you must make it in writing to our HIPAA Compliance Officer within 180 days of when you were aware of the suspected violation: Commonwealth Dermatology, attention: Privacy Officer, 100 MLK Jr Blvd Ste 200, Worcester, MA 01608.

To file a complaint the Secretary of the United States Department of Health and Human Services, mail complaint to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W. Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hippa/ for more information.

Commonwealth Dermatology reserves for itself the right to change the terms of its Notice of Privacy Practices for Protected Health Information at any time. You may request an updated version of this document from the Front Desk staff.