

Notice of Privacy Practices

AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996 (HIPAA) THIS REVISED NOTICE OF PRIVACY PRACTICES IS EFFECTIVE AS OF JULY 2024

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED. IT ALSO DESCRIBES HOW YOU CAN OBTAIN YOUR INFORMATION. PLEASE READ IT CAREFULLY AND ASK US IF YOU HAVE ANY QUESTIONS.

1. WHY WE KEEP INFORMATION ABOUT YOU

PhyNet Dermatology and our affiliated practice sites are committed to maintaining the privacy of your medical information. We keep medical information about you to help care for you and because the law requires us to. We also are required by law to provide you with this Notice of our legal duties and the privacy practices our practice sites maintain concerning your medical information. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time. We must provide you with the following important information:

- How we may use and disclose your medical information;
- Your privacy rights regarding your medical information; and
- Our obligations concerning the use and disclosure of your medical information.

This Notice applies to all Phynet-affiliated practices, including records containing your medical information that are created or retained by our practices. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all your records that our practices have created or maintained in the past and for any of your records that we may create or maintain in the future. Our practices will post a copy of our current Notice in our offices in a visible location, and you may request a copy of the most current Notice at any time.

2. HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU:

1. For Treatment. We may use and disclose your medical information and share it with other professionals involved in treating you to help coordinate your care. For example, treatment information given to another health care provider(s) who, at your request, become involved with the management of your care or related service.
2. For Billing & Payment. We may use and disclose your information in order to bill and collect payment for the services provided to you. For example, we may need

to give your insurance company information about your visit so they will pay us or reimburse you for the treatment.

3. For Business Reasons. We may use and disclose your medical information in order to operate our business, improve your care, and contact you when necessary. For example, we use medical information about you to manage your treatment and services. This may also include working with business associates/subcontractors, who PhyNet or our affiliated practices, may have contracted with to perform functions on our behalf or provide us with services, if the information is necessary for such functions or services.
4. To Contact You About Appointments, Insurance, and Other Matters. We may contact you by mail, phone, text or email for many reasons, including to:
 - Remind you about an appointment
 - Register you for a procedure
 - Give you test results
 - Ask about insurance, billing, or payment
 - Follow up on your care
 - Invite you to take part in research

We may leave voice messages at the telephone number you give to us. If you choose to have us contact you by text, texting charges may apply.

5) Sign in Sheet. We may use and disclose medical information about you by having you sign in when you arrive at an office location. We may also call out your name when we are ready to see you.

6) To Tell you About Treatment Options or Health-related Products and Services. We may use or share your information to let you know about treatment options or health-related products or services that may interest you.

7) To Inform Family Members and Friends Involved in Your Care or Paying for Your Care. Our practices will routinely disclose to your responsible party(ies) the medical information directly relevant to his/her involvement with your health care, medical information related to payment of your health care, and medical information used for notification purposes. We may release your medical information to another responsible party(ies) you identify involved in your care.

8) Marketing. We may contact you to give you information about products or services related to your treatment, or care. We will not otherwise use or disclose your medical information for marketing purposes, without your prior written authorization.

9) Sale of Health Information. We will not sell your medical information without your prior written authorization.

10) Disclosures Required by Law. Our practices will use and disclose your medical information when we are required to do so by federal, state, or local law.

11) Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law.

12) Responding to Lawsuits. We can share medical information about you in response to a court or administrative order, or in response to a subpoena.

3. USE AND DISCLOSURE OF MEDICAL INFORMATION IN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your medical information:

1) Public Health Risk Reporting. Our practices may disclose your medical information to public health authorities that are authorized by law. For example, we are required to report certain communicable diseases to the state's public health department.

2) Law Enforcement. Your medical information may be disclosed to law enforcement agencies, military, and national security without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

3) Workers' Compensation. Our practices may release your medical information for workers' compensation and similar programs that provide benefits for work-related injuries or illnesses.

4) Inmates. If you are an inmate or under the custody of law enforcement, our practices may release your medical information to the correctional institution or law enforcement official. This release is health and safety of others, or for the safety and security of the institution.

5) Substance Use Disorder Records. Certain records related to substance use disorder diagnosis, treatment, or referral for treatment may receive additional confidentiality protections under federal law, including 42 CFR Part 2, when maintained by a federally assisted substance use disorder program. When these protections apply, we will use and disclose those records only as permitted by law, which may include obtaining your written consent unless an exception applies. Part 2 records generally may not be used or disclosed in legal proceedings against you without your consent or a court order that meets applicable legal requirements.

4. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information that we maintain about you. These include:

You may choose someone to act for you, such as a personal representative, medical power of attorney, or legal guardian. If someone has legal authority to act for you, that person may exercise your rights and make choices about your medical information, subject to our verification of that authority and as permitted by applicable law.

- 1) Restrictions. The right to request restrictions on the use and disclosure of your medical information, including to request that a health plan not be informed of treatment for which you paid entirely out of pocket. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.
- 2) Sale, Marketing, and Research. The right to prohibit the sale of your medical information, its use for marketing purposes, or participation in research.
- 3) Confidential Communications. The right to request to receive confidential communications concerning your medical condition and treatment in a specific manner.
- 4) Inspection and Copies of Protected Health Information. The right to inspect and obtain copies of your medical information.
- 5) Amendment and Correction. The right to request an amendment or corrections to your medical information.
- 6) Accounting of Disclosures. The right to receive an accounting of how and to whom your medical information has been disclosed outside of our practice if not for treatment, payment, or health care operations. This accounting generally may cover disclosures made during the six years prior to the date of your request and may include the date of each disclosure, the name of the person or entity who received the information, a brief description of the information disclosed, and the reason for the disclosure, as permitted by applicable law. You are entitled to one accounting in any 12-month period at no charge; we may charge a reasonable, cost-based fee for additional requests within the same 12-month period.
- 7) File a Complaint. The right to file a complaint if you believe your privacy rights have been violated. Please file your complaint in writing. You will not be penalized for filing a complaint.
- 8) Receive a Copy. The right to receive a printed copy of this Notice upon request.
All requests must be in writing and directed to PhyNet Dermatology (Attention: Privacy Officer), 302 Innovation Drive Suite 400, Franklin, TN 37067. Our practices may charge a fee for the costs associated with any request.

5. RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES

Our practices will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Please note, we are required to retain records of your care.

6. QUESTION OR CONCERNS REGARDING THIS NOTICE

If you have questions about this Notice or want to discuss a concern without filing a formal complaint, please contact the Compliance Department at the email located at

the end of this Notice. If you believe your privacy rights have been violated, you may complain to the secretary of the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or by contacting the Compliance Department at the information listed below. There will not be retaliation against you for filing a complaint. Again, if you have any questions regarding this Notice or our medical information privacy policies, please contact:

PhyNet Dermatology

302 Innovation Drive, Suite 400, Franklin, TN 37067

Attention: Privacy Officer

Email: compliance@phynet.com

Phone: (615)-224-7755

Fax: (615)-905-9126