



JOINT NOTICE OF PRIVACY PRACTICES

THIS JOINT NOTICE OF PRIVACY PRACTICES ("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.

PURPOSE

Epiphany Dermatology and its professional staff and employees are required by law to maintain the privacy of your protected health information ("PHI"). This Notice describes the privacy practices of Epiphany Dermatology and our physicians, advanced practice providers, and other personnel.

USES AND DISCLOSURE

We may use and disclose your PHI in the following ways:

TREATMENT

We can use your PHI to provide, coordinate and manage your health care. This includes disclosing protected health information about you to doctors, nurses, technicians or other healthcare professionals who care for you, whether or not they are employed by Epiphany Dermatology.

PAYMENT

We can use your protected health information in order to bill and collect payment for the services we provide to you. For example, we may complete a claim form to obtain payment from your insurer or HMO.

HEALTH CARE OPERATIONS

We can use your PHI to support the operations of Epiphany Dermatology, including care quality assessment activities, evaluating staff performance, and calling your name in the waiting room.

APPOINTMENT REMINDERS

We may use your PHI to contact and remind you of your health care appointments with us.



AS REQUIRED BY LAW

We may disclose your PHI when required to do so by law, including to regulatory agencies, law enforcement, or pursuant to a court order or a subpoena.

CORRECTIONAL INSTITUTIONS

If you are an inmate or under the custody of law enforcement, we may release your PHI to your correctional institution or law enforcement official in limited circumstances.

DECEDENTS

We may disclose PHI to a coroner, medical examiner or funeral director as needed to carry out their duties with respect to the decedent.

HEALTH INFORMATION EXCHANGES

We may participate in certain health information exchanges whereby we may share, request and receive your PHI, as permitted by law.

ORGANIZED HEALTH CARE ARRANGEMENT

Members of the Epiphany Dermatology Organized Health Care Arrangement will share PHI with each other as necessary to carry out the treatment, payment and health care operations described in this Notice.

PUBLIC HEALTH ACTIVITIES

We may release your protected health information to appropriate authorities for public health purposes including preventing or controlling disease, injury or disability; reporting suspected abuse or neglect; reporting adverse reactions to medications and medical devices, helping with product recalls or controlling the spread of infectious diseases.

RESEARCH

In limited circumstances, we may use or disclose your PHI for health care research.

SUBSTANCE ABUSE RECORDS

We will not use records received from substance abuse treatment programs subject to 42 C.F.R. Part. 2 or the content of such records against you unless you have been provided with sufficient due process under 42 C.F.R. Part. 2.



TREATMENT ALTERNATIVES, BENEFITS AND SERVICES

We may contact you regarding health promotion activities, disease awareness or case management. We may also tell you about or recommend possible treatment options, health related benefits, or services that may be of interest to you.

WORKERS' COMPENSATION

We may disclose your PHI in accordance with workers' compensation laws.

Any other uses or disclosures, including paid marketing of third-party services or the sale of your PHI, will only be made with your written authorization. You may revoke an authorization in writing but any revocation will not apply to prior uses or disclosures of your PHI.

PHI lawfully disclosed under HIPAA may be subject to redisclosure by the recipient and no longer protected by HIPAA.

YOUR RIGHTS

You have the following rights regarding your PHI:

RIGHT TO PAY OUT OF POCKET

If you elect to take full financial responsibility for the services you receive, and you pay your bill in a timely manner, your request that we do not bill your insurer will be honored.

RIGHT TO REQUEST RESTRICTIONS

You may request that we limit disclosures of your PHI for treatment, payment or health care operations. We are not required to agree to this restriction.

CONFIDENTIAL COMMUNICATIONS

You may request that contact you in a specific way or to a specific address. We are required to agree to all reasonable requests.

ACCESS TO PHI

You have a right to inspect and obtain a copy of your PHI, including electronic copies. We may charge a reasonable fee for such access based on federal and state law.



AMENDMENT

You may request an amendment of the PHI we generate on your behalf. We are not required to agree to your request if it is not PHI we created or if we believe your PHI is accurate.

ACCOUNTING OF DISCLOSURES

You may request an accounting of our disclosures of your PHI for purposes other than treatment, payment or operations during the six years prior to the date of your request.

PAPER COPY

If you have received this Notice electronically, you have a right to receive a paper copy from us upon request.

QUESTIONS OR COMPLAINTS

If you have questions, would like to make a request under the "Your Rights" section or if you feel your privacy rights have been violated, please contact compliance@epiphanydermatology.com

You may also file a complaint directly with the U.S. Department of Health and Human Services at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>. We will not retaliate against you in any way for filing a complaint.

A list of members of the Epiphany Dermatology OHCA is available at:
<https://epiphanydermatology.com/NPP-OHCA.pdf>

This Notice is effective on February 15, 2026.