

NOTICE OF PRIVACY PRACTICES.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY. The Privacy Notice explains how we fulfill our commitment to preserve the privacy and confidentiality of your protected health information (also called PHI). This Notice explains how we may use and share your protected health information, as well as the legal obligations we have regarding your protected health information, and about your rights under federal and state laws. The Notice applies to all records held by our office, regardless of whether the record is written, computerized or in any other form. We are required by law to make sure that information that identifies you is kept private and to make this Notice available to you. In this Notice, the term “protected health information” refers to individually identifiable information about you, which includes most information about your physical and mental health such as symptoms, treatment, test results, full-face photographs, and demographic information which contains details that can be used to identify you. The terms of this Notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any provision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice on our website, and you may request a copy of our most current Notice of Privacy Practices at any time.

USES AND DISCLOSURES WITH AND WITHOUT YOUR AUTHORIZATION. We must obtain your written permission or authorization to use or disclose your PHI except in the limited situations listed below:

Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred.

Payment. Your protected health information will be used, as needed to bill and receive payment for treatment and services. For example, we may inform an insurance company about a certain treatment that we intend to provide you, so that we can obtain the appropriate approvals, and/ or confirm coverage for your treatment.

Health care operations. We may use your PHI to support our business activities and improve the quality of care. For example, we may use your PHI to review the treatment and services that we gave you and to see how well our staff cared for you. We may share your information with our students, trainees and staff for review and learning purposes. Your PHI may also be used or disclosed for accreditation purposes, to handle patients’ grievances or lawsuits and for health care contracting relating to our operations.

Appointment reminders. We may use and share your PHI to remind you of your appointment for treatment or medical care.

Business associates. We may share your PHI with a business associate that we hire to help us, such as a billing company or transcription service, if we obtain satisfactory assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI

Disclosures required by law. We will share your PHI when federal, state or local law requires us to do so.

SPECIAL SITUATIONS. The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

Public health risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect by an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health oversight activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by laws. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Judicial and Administrative Proceedings and other legal action. We may share your protected health information with courts, attorneys and court employees when we get a court order, subpoena, discovery request, warrant, summons or other lawful instructions from those courts or public bodies, and in the course of certain other lawful, judicial or administrative proceedings, or to defend ourselves against a lawsuit brought against us.

Law enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations if we are unable to obtain the person's agreement,
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena or legal process
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We are required to obtain your written authorization to use your PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions: (A) The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity

consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted, (B) The research could not practicably be conducted without the waiver, (C) The research could not practicably be conducted without access to and use of the PHI.

Serious threats to health or safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Specialized Government Functions. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' compensation. Our practice may release your PHI for workers' compensation and similar programs.

Work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies

De-identified Information. The Practice may de-identify your PHI according to specific Federal rules so that the information does not identify you and cannot be used to identify you. The Practice may use and disclose your de-identified information. The Practice may also partly de-identify your PHI to create a limited data set (removing name, address, and other identifying factors for research/educational purposes).

Incidental disclosures. While we will take reasonable steps to safeguard the privacy of your PHI, certain disclosures of your information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your information. For example, during the course of a treatment session, other patients in the treatment area may see or overhear discussion of your information. These "incidental disclosures" are permissible.

YOUR RIGHTS. You have the following rights regarding the PHI that we maintain about you:

Right to Revoke an Authorization. You may revoke an Authorization in writing at any time. To request a revocation, you must submit a written request to the Practice's Privacy Contact, whose information is listed below.

Right to Request Confidential Communication. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of

confidential communication, you must make a written request to the Practice's Privacy Contact, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request. However, if we are unable to contact you using the requested means or locations, we may contact you using whatever information we have.

Requesting restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. To request restrictions, you must submit a written request to the Practice's Privacy Contact. In your written request, you must identify the specific restriction requested and identify who you want the restrictions to apply to. The Practice is not obligated to agree to any of your requested restrictions. If we deny your request to a restriction, we will notify you. If the Practice agrees to your requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide you with emergency treatment or when otherwise required by law. Under certain circumstances, we may terminate our agreement to a restriction.

Right to Inspect and Copy Information. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Practice's Privacy Contact, in order to inspect and/or obtain a copy of your PHI. We may deny your request to inspect or copy your protected health information in certain circumstances. Depending on the circumstances, you may or may not have a right to appeal our decision to deny your request. To inspect or copy your protected health information, you must submit a written request to the Practice's Privacy Contact. If you request a copy of your information, we may charge you a fee for the costs of copying and mailing your information and for other costs only as allowed by law.

Right to Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the Practice's Privacy Contact. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

Right to Receive an Accounting. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. This listing will not cover disclosures made: (a) to you or your personal representative; (b) to provide or arrange for your care; (c) to carry out treatment, payment or healthcare operations; (d) incident to a permitted use or disclosure; (e) to parties you authorize to receive your protected health information; (f) to your family members, relatives or friends who are involved in your care; (g) for national security or intelligence services; (h) to correctional institutions or law enforcement officials; (i) as part of a limited data set for research purposes. In order to obtain an "accounting of disclosures", you must submit your request in writing to our Practice's Privacy Contact. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice

will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a paper copy of this Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time.

Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Practice's Privacy Contact. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Right to receive notification of data breach. We are required to notify you upon a breach of any unsecured PHI. The notice must be made within 60 days from when we become aware of the breach. The notice must include: (a) a brief description of the breach, including the date of breach and discovery; (b) a description of the types of unsecured PHI disclosed or misappropriated during the breach; (c) the steps you can take to protect your identity; (d) a description of our actions to investigate the breach and mitigate harm now and in the future.

CONTACT. Questions regarding matters covered by this Notice shall be directed to the Privacy Contact.

You may contact the Privacy Contact at: Michelle Pearlstein, MD, and/or Amy Fox, MD, Morgan Creek Dermatology 6320 Quadrangle Drive Suite 180, Chapel Hill, NC 27517

Printed Name (First, Middle, Last): _____

Signature: _____

Date: _____

Effective Date: 08/01/2023