NOTICE OF PRIVACY PRACTICES

This Notice is effective September 1, 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.

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

This Notice of Privacy Practices ("Notice") applies to all medical information created, received, maintained or transmitted by Platinum Dermatology Partners, its employees and workforce members ("we," "our," and "us"), including in connection with our clinical care and other services we may offer from time to time. Your medical information is protected by federal law and regulations, including the Health Insurance Portability and Accountability Act ("HIPAA"). We are required by law to protect the privacy of medical information about you and that identifies you, and we are also required by law to provide you with this Notice explaining our legal duties and privacy practices with respect to medical information. We must abide by the terms of this Notice currently in effect.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to this Notice, we will:

- Make the new Notice available on our website; and
- Have copies of the new Notice available upon request at each of our service locations.

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

The following describes how we may use and disclose your medical information without your written authorization. Not every use or disclosure in a category will be listed. Your PHI may be stored in paper, electronic or other form and may be disclosed electronically and by other methods. Any other uses not described in this Notice will only be made with your written authorization. If you would like to revoke your authorization, you may notify us in writing. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your medical information for marketing purposes, or sell your medical information unless we obtain an authorization from you. To the extent that we have substance use disorder treatment records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without your written consent or a court order and a subpoena.

1. TREATMENT We may use and disclose medical information about you for treatment. In other words, we may use and disclose medical information about you to provide, coordinate or manage healthcare and related services. For example, we may communicate with other healthcare providers regarding your treatment.

2. PAYMENT We may use and disclose medical information about you to obtain payment for healthcare services that you received. This means that we may use medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.

3. HEALTHCARE OPERATIONS We may use and disclose medical information about you to perform a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualification, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Resolving grievances about our organization.
- Arranging for legal services.

In addition, we may use medical information for customer service, business planning, and development, and we may utilize certain tracking technology vendors that are our "business associates" (as described below) to collect information about how you interact with our website or patient portal for these purposes.

4. PERSONS INVOLVED IN YOUR CARE We may disclose medical information about you to a relative, friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances, such as emergencies, or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

5. REQUIRED BY LAW We will use and disclose medical information about you whenever we are required by law to do so. For example, we may disclose PHI about you to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with federal privacy law..

6. OTHER USES AND DISCLOSURES When permitted by law, we may use or disclose medical information about you as described below. In all cases, including those listed below, to the extent that we maintain substance use disorder patient records about you, subject to 42 CFR Part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a subpoena accompanied by a court order.

- **Business associates**: We may disclosure medical information about you to our business associates, the vendors and service providers that perform functions on our behalf. All business associates are required by law to protect your information under a Business Associate Agreement.

- **Incidental to a permitted use or disclosure**: We may make incidental disclosures of limited medical information, such as by using sign-in sheets in our waiting rooms or calling out names in our waiting rooms when calling back patients for their appointments.
- **Limited data and de-identified data**: We may remove most information that identifies you from a set of data and use and disclose this data set for research, public health and health care operations, provided the recipients of the data set agree to keep it confidential. We may also de-identify your Protected Health Information and use and disclose the de-identified information for purposes permitted by law.
- **Health Information Exchanges**: We may participate in one or more Health Information Exchanges (HIEs) and may electronically share your PHI for treatment, payment, healthcare operations and other permitted purposes with other participants in the HIE. HIEs allow your health care providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.
- **Threat to health or safety**: We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities**: We may use or disclose medical information about you for public health activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, helping with product recalls, and reporting adverse reactions to medications.
- **Abuse, neglect or domestic violence**: We may disclose medical information about you to a government authority to report suspected abuse, neglect, or domestic violence.
- **Health oversight activities**: We may disclose medical information about you to a health oversight agency for activities authorized by law.
- **Judicial or administrative proceedings**: We may disclose medical information about you in response to a court or administrative order, or in response to a subpoena.
- **Law enforcement**: We may disclose medical information about you to a law enforcement official for specific law enforcement purposes.
- **Coroners and organ procurement organizations**: We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation**: We may disclose medical information about you in order to comply with workers' compensation laws.
- **Research organizations**: We may use or disclose medical information about you to research organizations for health research if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions**: We may use or disclose medical information about you for special government functions, such as military, national security, and presidential protective services. We may also use or disclose medical information about you to a correctional institution if you are an inmate or under custody.

YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

You have several rights with respect to medical information about you as described below. If you would like to know more about or submit a request about your rights, contact us using the information under "Contact Us" below. .If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian, or if another individual is authorized by law to make health care decisions for you, that individual may exercise any of the rights listed below for you.

1. RIGHT TO A COPY OF THIS NOTICE You have a right to have a paper copy of this Notice.

2. RIGHT TO ACCESS YOUR MEDICAL INFORMATION You have the right to access, inspect, and receive a copy of medical information about you that we maintain or direct us to send a copy of your medical information to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. To the extent that we maintain your medical records in an

electronic health record, you may also instruct us in writing to send an electronic copy of your medical records to you or a third party. In most cases, we will provide this access to you or the person you designate within 30 days of your request. This right applies to medical information used to make decisions about you or payment for your care, subject to limited exceptions. We may charge you a reasonable, cost-based fee for labor, supplies and/or postage consistent with applicable laws.

3. RIGHT TO HAVE MEDICAL INFORMATION AMENDED If you believe that we have information that is either inaccurate or incomplete, you have the right to request an amendment to the medical information about you that we maintain. We may deny your request in certain circumstances, but we will notify you of that decision.

4. RIGHT TO AN ACCOUNTING OF DISCLOSURES WE HAVE MADE You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. The accounting will not include several types of disclosures that we are not required to record, such as disclosures made pursuant to a subpoena or an authorization. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

5. RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Except as described below, we are not required to agree to your request, and we may deny the request. If we agree to your request, we may still share this information (1) for purposes required or permitted by law, or (2) in case of emergency.

Except as otherwise required by law, we must agree to your request if (1) you pay for a service or health care item out-of-pocket in full, and (2) you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

6. RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS You have the right to receive confidential communications concerning your medical information by requesting to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address. We will agree to any reasonable request for alternative methods of contact.

7. RIGHT TO NOTIFICATION IF A BREACH OF YOUR MEDICAL INFORMATION OCCURS We will notify you if a breach of your medical information occurs and if that information is unsecured (not encrypted).

8. RIGHT TO OPT-OUT OF FUNDRAISING COMMUNICATIONS If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us.

To the extent that we maintain your substance use disorder treatment records, subject to 42 CFR Part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will <u>not</u> take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may bring your complaint directly to our Privacy Department at the contact information listed below under “Contact Us.”

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Toll-Free Phone: 1-877-696-6775

Website:
https://ocrportal.hhs.gov/ocr/smartscreen/main

Email: OCRComplaint@hhs.gov

CONTACT US

If at any time you have any questions about the information in this Notice or about our privacy policies, procedures or practices, or you would like to file a complaint, please use the following contact information:

Platinum Dermatology Partners
Attn: Privacy Officer
9900 N. Central Expressway, Suite 500
Dallas, TX 75231

Phone: 972-698-5965

Email: privacy@platinumderm.com

If you would like to contact our Medical Records Department for copies of medical records, please use the following contact information:

Platinum Dermatology Partners
Attn: Medical Records Department
9900 N. Central Expressway, Suite 500
Dallas, TX 75231