

HIPAA Notice of Privacy Practices

Effective date: November 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. This notice applies to Aesthetic Dermatology and Surgery Clinique DBA West End Dermatology Associates, its workforce, and its practice locations. It covers health information in paper, electronic, and other formats.

Your rights and how to request them

Contact the Office Manager using the information below to exercise these rights or obtain our request forms. We may verify your identity and a representative's authority. Please put record-copy, amendment, restriction, and accounting requests in writing; staff can help you.

Inspect or obtain your records

You may inspect or request a paper or electronic copy of records we maintain about you, including medical and billing records, subject to lawful exceptions. We normally respond within 30 days. If an extension is legally permitted, we will explain the delay and completion date in writing. We may charge only a reasonable, cost-based fee allowed by law. If access is denied, we will explain the reason and any available review rights.

Request a correction

Ask us to amend information that you believe is inaccurate or incomplete, and explain the correction. We normally respond within 60 days. We may deny a request when legally permitted, but will explain why in writing and how you may submit a statement of disagreement.

Request private communications

You may ask us to contact you at a different address or through a particular method, such as a different phone number. We will accommodate reasonable requests. Tell the Office Manager which method or location you prefer.

Request limits on information sharing

You may ask us to restrict information used or shared for treatment, payment, or practice operations, or with people involved in your care. We generally do not have to agree. If we agree, we will honor the restriction except as legally permitted, such as necessary emergency treatment. If you pay in full out of pocket for an item or service, we must honor a request not to disclose information about that item or service to your health plan for payment or operations, unless disclosure is required by law.

Receive an accounting of disclosures

You may request an accounting of certain disclosures during the six years before your request. It generally excludes treatment, payment, practice operations, authorized disclosures, and other legally excluded disclosures. One accounting in a 12-month period is free. Before charging for another, we will tell you the fee and allow you to change or withdraw your request.

Obtain this notice and appoint a representative

You may request a paper copy at any time, even if you agreed to receive it electronically. A legally authorized personal representative may exercise your rights to the extent of that authority. We verify the authority and apply exceptions required or permitted by law.

Privacy contact

Office Manager, West End Dermatology Associates, 3811 Gaskins Road, Richmond, VA 23233. Phone: 804-270-6100. Email: Dermatology@westendderm.com. Ask this contact about the notice, privacy requests, or a complaint.

Treatment

We may use and disclose information to provide, coordinate, and manage your care. For example, we may send biopsy results to your treating physician or consult another clinician about a skin condition. We may contact you about appointments, treatment options, or relevant health services.

Payment

We may use and disclose information to obtain payment for care. For example, we may send your diagnosis and procedure information to your insurer to process a claim or obtain authorization. Your right to restrict certain fully self-paid services is described in the Request limits on information sharing section.

Health care operations

We may use and disclose information to operate the practice, improve care, and meet administrative requirements. For example, we may review records for quality improvement or staff training. Contractors performing authorized functions, such as billing or record-system support, must safeguard information under required agreements.

Family, friends, and others helping with care

You may agree, object, or tell us your preferences about sharing information relevant to someone's involvement in your care or payment. We may share limited information for disaster relief or notification of your location or condition. If you cannot express a preference, we may use professional judgment to share information in your best interest, as permitted by law.

Written authorization

Most disclosures of separately maintained psychotherapy notes, marketing uses, and sales of health information require your written authorization, subject to narrow legal exceptions. Other uses and disclosures not described here will occur only with your written authorization. You may revoke authorization in writing to the Office Manager; revocation does not undo actions already taken in reliance on it. Psychotherapy-note authorizations generally must be separate from authorizations for other records.

Other legally permitted or required disclosures

The following disclosures occur only when applicable legal conditions are satisfied. More protective laws may require consent or limit disclosure. We limit information when legally required.

Public health and safety

We may disclose information to authorized recipients to prevent or control disease, report adverse drug reactions or product problems, help with recalls, or report suspected abuse, neglect, or

domestic violence. When permitted, we may disclose information to prevent or lessen a serious and imminent threat to health or safety.

Research and oversight

Information may be used or disclosed for research with your authorization or a legally permitted waiver or other exception. Authorized oversight agencies may receive information for audits, licensing, investigations, inspections, and other lawful oversight activities.

Law, legal proceedings, and law enforcement

We disclose information when required by law, including to HHS to assess HIPAA compliance. We may disclose information in response to qualifying court or administrative orders, subpoenas, or other lawful process after required safeguards. Limited disclosures to law enforcement are permitted in specified circumstances, such as certain required reports or lawful requests to identify a person.

Other government and public purposes

When allowed by law, information may be shared for workers' compensation, organ or tissue donation, or with coroners, medical examiners, and funeral directors. Special rules permit disclosures for military activities, national security, intelligence, protective services, and certain correctional or custodial needs.

Virginia and other protections

Virginia law protects the privacy of health records and may limit disclosure and redisclosure beyond HIPAA. We follow the more protective applicable requirement, including special rules for sensitive records and legally protected information. A minor may consent to certain communicable-disease, pregnancy, family-planning, outpatient substance-use, or outpatient mental-health services and control related records, subject to statutory exceptions. Parent or representative access is evaluated under applicable law.

Substance use disorder records: 42 CFR Part 2

If we receive or maintain records protected by Part 2, additional restrictions apply. Such records, or testimony about their contents, cannot be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or a

qualifying court order. Before an order is issued, the patient or record holder must receive required notice and an opportunity to be heard. The order must be accompanied by a subpoena or other legal requirement compelling disclosure. Other Part 2 consent and disclosure requirements also apply.

Fundraising and your choice

If we contact you for fundraising, you may opt out using the instructions provided or by contacting the Office Manager. Your choice will not affect treatment or payment. Before using protected Part 2 records for fundraising, we will give a clear opportunity to elect not to receive those communications.

Our legal responsibilities

We are required by law to protect the privacy of your health information, maintain required security safeguards, provide this notice of our duties and practices, and follow the notice currently in effect. We must notify affected individuals following a breach of unsecured protected health information as required by law. Uses and disclosures not described in this Notice will be made only with your written authorization, except as required by applicable law.

Changes and availability of this notice

We may revise this notice and apply revised terms to information we already hold as well as future information. The revised notice will state its effective date. You may obtain the current notice at the office or on request, and it will be posted on our practice website. Paper copies remain available even if you receive an electronic copy.

Complaints without retaliation

If you believe your privacy rights were violated, submit a complaint to the Office Manager by phone, email, mail, or in person using the contact information in the Privacy contact section of this notice. Describe the concern and how to reach you. You may also complain to the U.S. Department of Health and Human Services Office for Civil Rights: 200 Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; hhs.gov/hipaa/filing-a-complaint. We will not retaliate for a complaint or require you to waive your HIPAA rights.

Communication choices and acknowledgment

We honor reasonable confidential communication requests and the communication choices recorded in your patient intake paperwork. Naming an emergency contact alone does not authorize disclosure. Appointment reminder consent does not authorize promotional texts; promotional messages require separate enrollment and are limited to a maximum of two messages per calendar month. Reply STOP or UNSUBSCRIBE, or call (804) 270-6100 to stop text messages. SMS enrollment does not substitute for a HIPAA authorization when one is required.

Signing a Notice of Privacy Practices acknowledgment confirms receipt only. It does not authorize a special release or waive your rights. Refusing to sign does not prevent treatment; the Practice may document its good-faith efforts. A paper copy is available on request.

Aesthetic Dermatology and Surgery Clinique DBA West End Dermatology Associates. Effective November 1, 2026. Questions: Office Manager, 3811 Gaskins Road, Richmond, VA 23233, (804) 270-6100, Dermatology@westendderm.com.