HIPAA & PRIVACY NOTICE
Oregon

PATIENT NAME	DATE OF BIRTH	MRN

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Clear Choice Dermatology LLC values you as a patient, and protection of your privacy is very important to us. In conducting our business, we will create and maintain records that contain protected health information (PHI) about you and the healthcare services provided to you.

PHI is information about you—including individually identifiable information about where you live—that can reasonably be used to identify you and which relates to your past, present, or future physical or mental health or condition; the provisioning of healthcare to you; or the payment for that care.

This Notice of Privacy Practices is effective November 2, 2026 and will remain in effect until we replace or modify it.

1. This Notice of Privacy Practices describes our privacy practices, which include how we may use, disclose, collect, handle, and protect your PHI. We are required by certain federal and state laws to maintain the privacy of your PHI. We are also required by the federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI.

We are required by law to notify you if a breach of your unsecured PHI occurs.

2. We protect your privacy by taking the following precautions:
    a. Limiting who may see your PHI.
    b. Limiting how we may use or disclose your PHI.
    c. Informing you of our legal duties with respect to your PHI.
    d. Explaining our privacy policies.
    e. Adhering to the policies currently in effect.

Copies of this Notice

1. You may request a copy of our Notice of Privacy Practices at any time. It is your right and our duty to deliver a copy of the Notice to you on the very first opportunity we provide healthcare services to you.
2. Based on your preference, the Notice may be delivered electronically through email, a physical copy, or both. The Notice shall also be made available on our website.
3. We shall retain and document details of the delivery of the Notice to you, and we may seek your signatures as acknowledgement of receipt.
4. If you want more information about our privacy practices, or have questions or concerns, please contact us using the contact information at the end of this Notice.

Changes to this Notice

1. The terms of our Notice of Privacy Practices apply to all records created or retained by us that contain your PHI. We reserve the right to revise or amend the terms of this Notice. A revised or amended Notice will be effective for the entire PHI that we already have about you as well as for any PHI we may create or receive in the future. We are required by law to comply with whatever privacy notice is currently in effect. You will be notified of any material change to our privacy notice before the change becomes effective.

How We May Use and Disclose Your Protected Health Information (PHI)

1. We are permitted to use and disclose your PHI to provide treatment to you, to be paid or request payment for our services, and to conduct healthcare operations. This section of our Notice of Privacy Practices discusses each of these types of uses and disclosures of PHI:

a. For Treatment—we may use PHI about you to provide you with healthcare treatment or services. For example, we may use your PHI when performing medical procedures. We may disclose PHI about you to our organization's workforce as well as to doctors, nurses, hospitals, clinics, or other healthcare providers who are involved in your care.

b. For Payment—we may use and disclose PHI about you so the services and items you receive may be billed to and payment may be collected from you, an insurance company, or a third-party payer. We may need to give your health plan information about the services or items you received so that your health plan will pay us or reimburse you for the services or items.

c. For Health Care Operations—we may use and disclose PHI about you for healthcare operations. These uses and disclosures are necessary to make sure you receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in providing services to you. We may also disclose information to doctors, nurses, hospitals, clinics, and other healthcare providers for review and learning purposes. We may remove information that identifies you from this set of PHI so others may use it to study healthcare and healthcare delivery without learning the names of the specific individuals.

d. Use of Technology and Third-Party Service Providers (including Artificial Intelligence Tools)—we use secure third-party vendors and technology platforms as part of our healthcare operations. This may include tools that assist with documentation, clinical workflow support, billing, transcription, scheduling, and other administrative functions. Some of these technologies may use artificial intelligence (AI) to help support these services. Any third-party service providers that handle protected health information on our behalf are required to comply with applicable privacy laws and enter into Business Associate Agreements (BAAs) where required under HIPAA. Protected health information will only be shared as permitted by law and as necessary for these operational purposes.

We May Use and Disclose Your PHI without Your Authorization in the Following Cases:

1. Uses and Disclosures Required by Law

As described below, we may use or disclose your PHI under the requirements of law without an authorization from you:

a. To the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

b. To a public health authority that is authorized by law to collect or receive such information for the purposes authorized by law including cases of child abuse or neglect.

c. To a person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity.

d. Of a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition for intervention or investigation.

e. To an employer of an individual who is provided healthcare on the request of the employer; and to help conduct an evaluation of medical surveillance of a work environment or related to a work-related illness. The disclosure is limited to the purpose mentioned and shall include a written notification to the individual on such disclosure.

f. To a school about an individual who is a student or prospective student of the school limited to information on immunization—where such requirement is legal. Such disclosure shall be supported by an agreement with the parent/guardian of the individual in case of a minor or with the individual in case of an adult or emancipated minor.

2. Disclosures about Victims of Abuse, Neglect or Domestic Violence

We may disclose PHI about an individual who is reasonably believed to be a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective

services agency authorized by law to receive such reports. The disclosure will be bound by the following restrictions:

a. Extent of disclosure as required and in compliance with the law.

b. With or without the agreement of the individual to such disclosure, as long as the disclosure is authorized by law and/or in exercise of professional judgment by Clear Choice Dermatology.

c. The individual or their personal representative shall be informed of such disclosure unless a professional judgment indicates risk or harm to the individual with such information disclosure to the individual.

3. Disclosures for Health Oversight Activities

We may disclose PHI to a health oversight agency for oversight activities authorized by law—including audits; civil, administrative and criminal investigations; inspections, licensure and disciplinary actions; civil, administrative and criminal proceedings; and actions or other activities necessary for appropriate oversight of the following:

a. The healthcare system.

b. Government benefit programs for which health information is relevant to beneficiary eligibility.

c. Government regulatory programs for which health information is necessary for determining compliance with program standards.

d. Civil rights laws for which health information is necessary for determining compliance.

e. A health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity.

4. Disclosures for Judicial and Administrative Proceedings

a. We may disclose PHI for the purposes of judicial and administrative proceedings in response to an order of a court or an administrative tribunal.

b. In response to a subpoena or discovery request without a court order under one of the following circumstances:

i. Satisfactory assurances in writing with evidence that reasonable efforts have been made by such party to ensure that the individual who is the subject of the PHI that has been requested has been given notice of the request.

ii. Satisfactory assurance from the party seeking the information that reasonable efforts have been made to secure a qualified protective order.

5. Disclosures for Law Enforcement Purposes

a. We may disclose PHI for a law enforcement purpose to a law enforcement official under the following conditions:

i. As required by law including laws that require the reporting of certain types of wounds or other physical injuries.

ii. In compliance with and as limited by the relevant requirements of a court order. The disclosure shall be made as relevant to the purpose of enquiry and when de-identified information could not be used.

b. We may disclose to a law enforcement official PHI if it is believed in good faith that the information constitutes evidence of criminal conduct that occurred on the premises of Clear Choice Dermatology.

c. Clear Choice Dermatology in the course of a medical emergency, shall disclose PHI to a law enforcement officer if the individual is suspected to be a victim of crime or violence.

6. Uses and Disclosures for Research Purposes

a. We may disclose PHI for research—regardless of the source of funding of the research—under the following conditions:

i. With documentation related to approval of a waiver of authorization by an institutional review board or a properly constituted privacy board.

ii. Acceptance of necessity for the purpose of research and description of the information sought.

7. Uses and Disclosures to Avert a Threat to Health or Safety

a. We may—consistent with law and in good faith—disclose PHI to avert a serious threat to health or safety under the following conditions:

i. To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

ii. When necessary for law enforcement authorities to identify or apprehend an individual.

iii. When it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.

iv. The extent of the disclosure shall be limited to the purpose.

8. Disclosures for Workers' Compensation

a. We may disclose PHI as authorized by, and to the extent necessary to comply with, laws relating to worker's compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

We May Use and Disclose Your PHI Only with Your Authorization in the Following Cases:

1. Disclosure of PHI for Marketing Purposes

We shall obtain an authorization for any use or disclosure of PHI for marketing, except if the communication occurs in the form of one of the following:

a. A face-to-face communication made by a Covered Entity to an individual.

b. A promotional gift of nominal value provided by the Covered Entity.

c. If the marketing involves disclosure of PHI with intent of sale and financial remuneration to Clear Choice Dermatology from a third party, the authorization shall state that such remuneration is involved.

d. We shall obtain an authorization for any use or disclosure of PHI for the purpose of the sale of PHI as authorized by the regulations. Such authorization shall state that the disclosure shall result in remuneration to Clear Choice Dermatology.

2. Valid Authorizations

An authorization to disclose PHI shall be communicated in plain language and contain the following elements:

a. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.

b. The name or other specific identification of the person(s) or class of persons authorized to make the requested use or disclosure.

c. The name or other specific identification of the person(s) or class of persons to whom Clear Choice Dermatology may make the requested use or disclosure.

d. A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not or elects not to provide a statement of the purpose.

e. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statements "end of the research study," "none," and similar language are sufficient if the authorization is for a use or disclosure of PHI for research—including for the creation and maintenance of a research database or research repository.

f. Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.

3. A copy of the authorization duly signed by you shall be retained by us for our records, and we will provide a copy to you.

Other Uses and Disclosures
We will use or disclose your PHI for purposes not described in this Notice only with your written authorization. This includes most uses and disclosures for marketing purposes and any sale of your PHI. You may revoke an authorization at any time by writing to our Privacy Officer, except to the extent we have already acted on it.
Special Protections for Substance Use Disorder Records
If we receive or keep records about you from a substance use disorder treatment program that is protected by federal law (42 CFR Part 2), those records have extra protection.
We will not use or disclose those records, or testimony that describes their content, in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you give us your written consent or a court orders it. A court order may be issued only after you are given notice and an opportunity to be heard, and it must be accompanied by a subpoena or other legal requirement compelling the disclosure.
If you have given a single consent for all future uses and disclosures of those records for treatment, payment, and health care operations, we may use and disclose them for those purposes as described in this Notice. You may revoke that consent in writing at any time.
Information disclosed under this Notice may be redisclosed by the person who receives it and may no longer be protected by the HIPAA Privacy Rule.
Clear Choice Dermatology does not use your health information, including substance use disorder records, for fundraising.

Rights You Can Exercise with Regard to Your PHI
You have the following rights regarding the PHI we maintain about you. Requests to exercise your rights must be in writing.
1. Right to Access Your PHI
You have the right to inspect or receive copies of your PHI contained in a designated record set. Generally, a "designated record set" contains medical, enrollment, claims and billing records we may have about you as well as other records we may use to make decisions about your healthcare.
2. Right to Copy
You may request that we provide copies of your PHI in a format other than photocopies. We will use the format you request unless we cannot practicably do so. We may charge a reasonable fee for copies of PHI (based on our costs), for postage, and for a custom summary or explanation of PHI. You will receive notification of any fee(s) to be charged before we release your PHI, and you will have the opportunity to modify your request in order to avoid and/or reduce the fee. In certain situations, we may deny your request for access to your PHI. If we do, we will tell you our reasons in writing.
You may ask for an electronic copy of your PHI. We will act on your request within 15 working days. If we need more time, we will tell you in writing why and when your records will be ready.
3. Right to Request an Amendment to PHI
You have the right to request that we amend your PHI if you believe there is a mistake in your PHI or that important information is missing. Your request must be made in writing and must include a reason that supports your request. We will respond within 10 days after we receive your request. If we need more time, we will tell you in writing and respond within 21 days. If we deny your requested amendment, we will tell you our reasons in writing and explain your right to file a written statement of disagreement. Approved amendments will also be sent to those who need to know.
4. Right to an Accounting of Certain Disclosures
You may request, in writing, that we tell you when we or our Business Associates have disclosed your PHI (referred to as an "Accounting"). Any accounting of disclosures will not include those we made under these conditions:
   a. for payment or healthcare operations

b. To you or individuals involved in your care
c. With your authorization
d. For national security purposes
e. To correctional institution personnel

5. To request an accounting of such disclosures, your request must be submitted in writing. Your request must also state a time period, which may not be longer than six (6) years. Your request should also specify the format in which you prefer to receive the accounting, i.e. paper or electronic. We may charge you for the costs of providing the accounting. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

6. Right to Request Restrictions

You have the right to request, in writing, that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to your request. However, if we do agree, we will be bound by our agreement—except when required by law, in emergencies, or when information is necessary to treat you. An approved restriction continues until you revoke it in writing or until we tell you we are terminating our agreement to a restriction.

You have the right to require that we not share information with your health plan about a service or item you paid for in full out of pocket, unless the law requires us to share it. Please make this request before or at the time of service.

7. Right to Request Confidential Communications

You have the right to request, in writing, that we use alternate means or an alternative location to communicate with you in confidence about your PHI. For instance, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. Your written request must clearly state that the disclosure of all or part of your PHI at your current address or that the method of contact we have on record could be an endangerment to you. We will require that you provide a reasonable alternate address or other method of contact for the confidential communications.

8. Right to a Paper Copy of This Notice

You have the right to receive a paper copy of our Notice of Privacy Practices. You can request a copy at any time, even if you have agreed to receive this Notice electronically.

9. Right to File a Privacy Complaint

If you believe your privacy rights have been violated, or if you are dissatisfied with our privacy practices or procedures, you may file a complaint with Clear Choice Dermatology's Privacy Office and/or with the U.S. Secretary of the Department of Health and Human Services. Clear Choice Dermatology assures you that filing a complaint will not in any way impact the services we provide to you, nor will there be any retaliatory acts against you.

You may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, D.C. 20201, by calling 1-877-696-6775, or at www.hhs.gov/ocr/complaints.

10. If you feel the need to interact with us on any issues related to this Notice or to file a privacy complaint with us, you may contact the Privacy Office as follows:

Privacy Officer
Clear Choice Dermatology LLC
PO BOX 2430
The Dalles, OR 97058-8022
541-316-6575

Surescripts Medication History Access

By signing below, I allow Clear Choice Dermatology to download my medication history through Surescripts, including medications filled at my pharmacy. This helps keep my chart accurate if I am

unsure of the name of a recent or temporary medication, and helps prevent the mixing of medications that are not recommended together.

I agree to provide accurate, up-to-date information, including my medical history, at each appointment. Clear Choice Dermatology will not be held responsible for any incorrect information I give.

I understand that I have the right to discontinue Surescripts access at any time.

ACKNOWLEDGEMENT AND SIGNATURE

By signing below, I acknowledge that I have received a copy of the Clear Choice Dermatology Notice of Privacy Practices, and I authorize the Surescripts medication history access described above. Signing this acknowledgment does not affect my right to receive care.

Patient Name (Printed) | Patient Signature

Date

If the patient is a minor or is unable to sign, complete the representative section below.

Representative Name (Printed) | Representative Signature

Relationship to Patient | Date

Witness Name (Printed) | Witness Signature

Date

☐ **This document has been electronically signed.**