



Sound Dermatology

## NOTICE OF PRIVACY PRACTICES

**Sound Dermatology**

Effective Date: March 2, 2026

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

Sound Dermatology is committed to protecting the privacy and security of your Protected Health Information (PHI).

### **OUR DUTIES**

We will not use or disclose your Protected Health Information other than as described in this Notice unless you authorize us to do so.

We are required by law to:

- Maintain the privacy and security of your Protected Health Information
- Provide you with this Notice of our legal duties and privacy practices
- Notify you if a breach occurs that may have compromised your information
- Follow the terms of the Notice currently in effect

We reserve the right to change our privacy practices and this Notice at any time. Any revised Notice will apply to all Protected Health Information we maintain and will be posted in our office and on our website.

### **WHAT IS PROTECTED HEALTH INFORMATION?**

“Protected Health Information” (PHI) is information that identifies you and relates to:

1. Your past, present, or future physical or mental health or condition
2. The provision of health care to you
3. The past, present, or future payment for your health care

### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following categories describe different ways that we may use and disclose your Protected Health Information without your written authorization.

- **For Treatment**

We may use or disclose your PHI to provide, coordinate, or manage your health care and related services. This includes sharing information with physicians, specialists, laboratories, pharmacies, or other health care providers involved in your care.

- **Laboratory and Pathology Services**

We may disclose your PHI to independent laboratories or dermatopathologists for diagnostic testing, consultation, and treatment purposes.

- **For Payment**

We may use and disclose your PHI to bill and collect payment for services provided to you. This may include disclosures to health plans to determine eligibility, coverage, medical necessity, or prior authorization.



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- **For Health Care Operations**

We may use and disclose your PHI for practice operations, including quality assessment, training, credentialing, compliance activities, and practice management.

- **Clinical Photography**

Clinical photographs may be taken as part of your medical record for treatment, payment, and health care operations. Any photographs used for marketing, advertising, social media, or other public purposes will require your separate written authorization.

- **Appointment Reminders and Treatment Alternatives**

We may contact you to remind you of appointments or inform you about treatment options or health-related services.

- **Electronic Communications**

We may communicate with you electronically, including by email, text message, or through a patient portal, regarding appointments, billing, or treatment information. Electronic communications may not always be secure. By providing your contact information, you acknowledge and accept the potential risks associated with electronic communications. You may opt out of electronic communications at any time by notifying our office in writing.

- **Individuals Involved in Your Care**

Unless you object, we may disclose relevant PHI to a family member, friend, or other person involved in your care or payment for your care. If you are unable to agree or object, we may disclose information if we determine it is in your best interest.

- **Minors**

We may disclose the PHI of minor children to their parents or legal guardians unless otherwise prohibited by law.

- **As Required by Law**

We will disclose PHI when required to do so by federal, state, or local law.

- **Public Health and Safety**

We may disclose PHI for public health activities, including:

- Reporting disease, injury, or disability
- Reporting child abuse or neglect
- Reporting reactions to medications
- Product recalls
- Preventing serious threats to health or safety

- **Abuse, Neglect, or Domestic Violence**

We may disclose PHI to appropriate authorities if we believe a patient is a victim of abuse, neglect, or domestic violence as permitted or required by law.



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- **Health Oversight Activities**

We may disclose PHI to health oversight agencies for audits, investigations, inspections, licensure, and compliance monitoring.

- **Lawsuits and Legal Proceedings**

We may disclose PHI in response to court orders, subpoenas, or other lawful processes.

- **Law Enforcement**

We may disclose PHI for law enforcement purposes when legal requirements are met.

- **Military and National Security**

If you are a member of the armed forces or involved in national security activities, we may disclose PHI as authorized by law.

- **Coroners, Medical Examiners, Funeral Directors**

We may disclose PHI as necessary for these parties to perform their duties.

- **Workers' Compensation**

We may disclose PHI as authorized by workers' compensation laws.

- **Inmates**

If you are an inmate or in custody, we may disclose PHI to correctional authorities as necessary for your care and institutional safety.

- **Business Associates**

We may disclose PHI to business associates who perform services on our behalf. These entities are required by contract to protect your information.

### **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

We will obtain your written authorization for:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes not permitted under HIPAA
- Sale of Protected Health Information

You may revoke your authorization in writing at any time, except to the extent we have already relied upon it.

### **SPECIAL STATE LAW PROTECTIONS**

We comply with applicable Kansas laws that provide additional protections for certain types of information, including HIV-related information, mental health records, substance use treatment records, and genetic information.

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights:

#### **Right to Inspect and Copy**

You may request access to your PHI. We may charge a reasonable, cost-based fee.



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### **Right to an Electronic Copy**

If maintained electronically, you may request an electronic copy of your record.

### **Right to Amend**

You may request an amendment if you believe information is incorrect or incomplete.

### **Right to an Accounting of Disclosures**

You may request a list of certain disclosures made outside of treatment, payment, and operations.

### **Right to Request Restrictions**

You may request restrictions on certain uses or disclosures. We are not required to agree, except when you have paid out-of-pocket in full for a service and request that we not disclose that information to your health plan, unless disclosure is otherwise required by law.

### **Right to Confidential Communications**

You may request that we contact you in a specific way (for example, only at work or by mail).

### **Right to Notification of a Breach**

You have the right to be notified if your unsecured PHI is compromised.

### **Right to a Paper Copy**

You may request a paper copy of this Notice at any time.

## **HOW TO EXERCISE YOUR RIGHTS**

To exercise any of your rights, submit a written request to:

### **Privacy Officer**

Sound Dermatology

307 NE 14th St.

Abilene, KS 67410

Phone: 785-465-5007

Email: [office@sound-derm.com](mailto:office@sound-derm.com)

We may provide request forms to assist you.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Sound Dermatology or with the U.S. Department of Health and Human Services, Office for Civil Rights.

Complaints must be submitted in writing. There will be no retaliation for filing a complaint.

To file with HHS, mail your complaint to:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Or file online by visiting:

<https://www.hhs.gov/ocr/hipaa>

You may request a copy of this Notice in Spanish if needed.