



NOTICE OF PRIVACY PRACTICES

Effective Date: 02/01/2026

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.

OUR LEGAL DUTIES

Empire Dermatology, PLLC is required by law to:

- Maintain the privacy and security of your protected health information (“PHI”)
- Provide you with this Notice describing our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you if a breach occurs that compromises the privacy or security of your PHI

We reserve the right to change this Notice. Any changes will apply to all PHI we maintain and will be posted in our offices and on our website.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment

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

This also includes care coordination, referrals, consultations, and case management activities necessary to support continuity of care.

2. Payment

We may use and disclose your PHI to bill and collect payment for services provided to you. This may include disclosures to insurance companies, health plans, clearinghouses, or other third-party payers.

If you pay in full out-of-pocket for a service, you may request that we not disclose information about that service to your health plan, and we will honor that request when required by law.

3. Health Care Operations

We may use and disclose your PHI for practice operations, including:

- Quality assessment and improvement activities
 - Clinical education and training
 - Licensing, credentialing, and accreditation
 - Business planning, administration, and management
 - Compliance, auditing, and risk management
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USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

We may disclose your PHI without your authorization when permitted or required by law, including:

- As required by federal, state, or local law
 - Public health activities (disease reporting, adverse event monitoring)
 - Health oversight activities (audits, investigations, inspections)
 - Judicial and administrative proceedings
 - Law enforcement purposes
 - Workers' compensation claims
 - To prevent or lessen a serious and imminent threat to health or safety
 - Coroners, medical examiners, and funeral directors
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SPECIAL PRIVACY PROTECTIONS

New York State Law

New York State law may provide greater privacy protections than federal HIPAA regulations for certain types of information, including but not limited to:

- Mental health records
- HIV-related information
- Genetic testing information

When state law provides greater protection, Empire Dermatology, PLLC follows the more restrictive law.

Substance Use Disorder Records (42 CFR Part 2)

If your care includes substance use disorder services protected by federal law (42 CFR Part 2):

- These records will not be disclosed without your written consent except as permitted or required by law
- Your consent may be revoked at any time in writing
- Redisclosure of this information is prohibited unless expressly permitted by law

These protections apply even when information is used or disclosed for treatment, payment, or health care operations.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization before using or disclosing your PHI for:

- Marketing purposes
- Sale of PHI
- Most uses of psychotherapy notes

You may revoke an authorization at any time in writing, except to the extent we have already acted on it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

◆ **Access Your Records**

You may inspect or obtain a copy of your medical records in paper or electronic format. We will provide access in the form and format you request if readily producible.

◆ **Electronic Access & Interoperability**

If your records are maintained electronically, you may request access through a patient portal, secure electronic delivery, or other lawful electronic means, including third-party applications you designate.

◆ **Request Amendments**

You may request that we amend your protected health information if you believe it is incorrect or incomplete. Your request must be made in writing and must include a reason supporting the requested amendment.

We are not required to agree to your request. We may deny your request in whole or in part if, for example:

- The information is accurate and complete
- The information was not created by Empire Dermatology, PLLC (unless the original creator is no longer available)
- The information is not part of the designated record set
- The information is not available for inspection under applicable law

If we deny your request, we will provide you with a written explanation of the denial and information about how you may submit a written statement of disagreement, which will be included in your medical record as required by law.

◆ **Request Restrictions**

You may request limits on how we use or disclose your PHI. While we are not required to agree to all requests, we must honor restrictions required by law.

◆ **Request Confidential Communications**

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

◆ **Accounting of Disclosures**

You may request a list of certain disclosures made during the previous six (6) years.

◆ **Paper Copy of This Notice**

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

ELECTRONIC COMMUNICATIONS

Empire Dermatology, PLLC may contact you regarding appointments, treatment information, billing, or practice operations via phone, voicemail, text message, email, or patient portal. You may request communication restrictions in writing.

BREACH NOTIFICATION

If a breach of unsecured PHI occurs that compromises the privacy or security of your information, we will notify you as required by law.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer – Empire Dermatology, PLLC

Name/Title: Tiffany Meador, Practice Administrator

Phone: 315-500-7546

Email: compliance@empiredermatology.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

Empire Dermatology, PLLC will make a good-faith effort to obtain your written acknowledgment of receipt of this Notice.

