

NOTICE OF PRIVACY PRACTICES

Vujevich Dermatology Associates, PC Dermatology and Cosmetic Surgery Center, PC

Effective date: February 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.

Each organization named above separately adopts this Notice of Privacy Practices for protected health information it maintains as a covered health care provider. This standardized notice describes privacy practices applicable to each organization. The organizations may share information for treatment, payment, or health care operations when permitted by HIPAA and other applicable law. Use of the same notice does not, by itself, establish an organized health care arrangement or authorize disclosures that would otherwise be prohibited.

Our responsibilities

We are required by law to maintain the privacy and security of protected health information (PHI), provide you with this notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect.

We will notify affected individuals following a breach of unsecured PHI when notification is required by law. We will not retaliate against you for exercising your privacy rights or filing a complaint.

We may change this notice and make the revised notice effective for PHI we already maintain. The current notice will be available at our service locations and on our website.

How we may use and disclose your information

Treatment: We may use and share PHI with physicians, nurses, laboratories, and other professionals involved in your care. For example, we may send information to a consulting clinician.

Payment: We may use and disclose PHI to bill and collect payment from health plans or others responsible for payment.

Health care operations: We may use and disclose PHI for our own health care operations, including quality improvement, staff training, audits, credentialing, and practice management. Disclosures between the named organizations for health care operations will occur only when permitted by HIPAA and other applicable law.

Other uses permitted or required by law may include public health reporting; reporting abuse, neglect, or domestic violence where legally permitted; health oversight; judicial or administrative proceedings; certain law-enforcement requests; coroners and medical examiners; organ donation; workers' compensation; research under applicable safeguards; preventing or reducing a serious threat; and certain government functions. Each disclosure is subject to applicable legal conditions.

We may share relevant information with family, friends, or others involved in your care or payment when you agree, have an opportunity to object and do not object, or when otherwise permitted by law and professional judgment.

We may contact you about appointments, treatment alternatives, and health-related services, as permitted by law.

When your written authorization is needed

Except where a legal exception applies, we obtain your written authorization for uses or disclosures of psychotherapy notes, marketing communications that require authorization, and sales of PHI. Other uses or disclosures not described in this notice or otherwise allowed by law require your authorization.

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

If we conduct fundraising, we may contact you as permitted by law and will provide a clear opportunity to opt out of further fundraising communications.

Special protection for substance use disorder records

If we receive or maintain records protected by 42 CFR Part 2, special federal confidentiality rules may apply. Such records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a qualifying court order, as permitted by Part 2.

Where Part 2 permits a single consent for future treatment, payment, and health care operations disclosures, records disclosed under that consent may be redisclosed as HIPAA permits, subject to applicable Part 2 restrictions. Other Part 2 uses and disclosures may require specific consent or another legal permission.

Part 2 records may not be used or disclosed for fundraising without first providing you a clear and conspicuous opportunity to elect not to receive fundraising communications. Any additional Part 2 restrictions applicable to records we hold will be followed.

Your rights regarding your health information

Access: You may request to inspect or obtain an electronic or paper copy of PHI in a designated record set. We generally respond within 30 days; one permitted 30-day extension may apply with written explanation. We may charge a reasonable, cost-based fee when allowed by law.

Correction: You may request an amendment to PHI you believe is incorrect or incomplete. We generally respond within 60 days, subject to a permitted extension, and explain a denial in writing.

Confidential communications: You may request that we contact you at a different address or by a different method. We will accommodate reasonable requests.

Restrictions: You may ask us to limit certain uses or disclosures. We generally are not required to agree, except that if you pay in full out of pocket for a health care item or service and request it, we generally

must not disclose PHI about that item or service to a health plan for payment or health care operations, unless disclosure is required by law.

Accounting: You may request an accounting of certain disclosures during the six years before your request. Some disclosures, including many for treatment, payment, and health care operations, are excluded. One accounting in a 12-month period is free; a reasonable fee may apply for additional requests.

Paper copy: You may request a paper copy of this notice even if you agreed to receive it electronically.

Personal representative: A legally authorized personal representative may exercise rights on your behalf, subject to applicable law.

Complaints and questions

You may contact our Privacy Complaint Contact to ask questions, exercise your rights, or submit a privacy complaint:

Emily Miller | 412-429-2570, extension 116 | emiller@vucares.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at <https://www.hhs.gov/ocr/complaints/index.html>, or by mail to 200 Independence Avenue SW, Washington, DC 20201. We will not retaliate against you for filing a complaint.

Availability and accessibility of this notice

The complete current notice will be prominently posted on our website, at your physical service delivery locations, and paper copies will be available upon request.

You may request assistance understanding this notice, including accessible formats or language assistance as required by applicable law. Contact the office or the Privacy Complaint Contact listed above.

Organizations and contact information

100 North Wren Drive, Pittsburgh, PA 15243

95 W. Beau Street, Suite 105, Washington, PA 15301

521 East Bruceton Road, Pleasant Hills, PA 15236

1 Robinson Plaza, Suite 230, Pittsburgh, PA 15205

Website: www.vucares.com

Privacy Officer: Contact the Privacy Complaint Contact below to reach the designated Privacy Officer for the organization responsible for your information.

Privacy Complaint Contact: Emily Miller | 412-429-2570 ext. 116 | emiller@vucares.com