WACCAMAW DERMATOLOGY
The Skin Institute

Notice of Privacy Practices

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.

YOUR HEALTH CARE INFORMATION — PROTECTING YOUR PRIVACY

As a patient of Waccamaw Dermatology, you have the right to be informed of our privacy practices and your rights regarding your personal health information.

This Notice of Privacy Practices ("Notice") explains how Waccamaw Dermatology may use and disclose your protected health information ("PHI"), our legal responsibilities, and the rights available to you under applicable federal and state laws.

WACCAMAW DERMATOLOGY RESPONSIBILITIES

Waccamaw Dermatology is required to:

- Maintain the privacy and security of your protected health information;
- Provide you with information about our legal duties and privacy practices regarding PHI collected and maintained about you;
- Notify you if a breach of unsecured PHI affects; and
- Abide by the terms of this Notice

Waccamaw Dermatology reserves the right to modify its privacy practices and update this Notice accordingly. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any PHI we receive in the future.

Waccamaw Dermatology will not use or disclose your PHI without your authorization, except as described in this notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

For Treatment

Waccamaw Dermatology may use and disclose your PHI in the provision, coordination, or management of your health care.

- For example, our dermatologists, advanced practice providers, and other clinical professionals may access your medical history, symptoms, diagnoses, and treatment information to coordinate your care.

- We may also use your information to provide appointment reminders, discuss treatment alternatives, and share information about health-related services.

For Payment

Waccamaw Dermatology may use and disclose your PHI to obtain reimbursement for the provision of health care services. The bill may include information that identifies you, your diagnosis, and your treatment.

- For example, we may use or disclose your information to your insurer to obtain payment for the provision of health care services, or to obtain prior authorization for the service.

For Health Care Operations

Waccamaw Dermatology may use and disclose your PHI to support the operation and administration of our practice, including quality improvement, staff training, compliance activities, patient care evaluations, and business management.

TO BUSINESS ASSOCIATES

Waccamaw Dermatology may use and disclose your PHI with authorized business associates who provide services on our behalf, including technology providers, billing companies, and other contracted service providers. These business associates are required to safeguard PHI in accordance with applicable laws and contractual obligations.

COMMUNICATION WITH INDIVIDUALS INVOLVED IN YOUR CARE

Unless you object or otherwise instruct us, we may share relevant PHI with family members, friends, caregivers, or other individuals involved in your care or payment for your care, as permitted by law.

We may also share information with disaster relief organizations when necessary to notify individuals of your location or condition during an emergency.

RESEARCH

Under certain circumstances, Waccamaw Dermatology may use or disclose your PHI for research purposes.

Under certain circumstances, Waccamaw Dermatology may share your PHI for research purposes, without your written permission.

All research projects are, however, subject to a special approval process. Most research projects will require your special permission if a researcher will have access to information that identifies you.

REQUIRED BY LAW

Waccamaw Dermatology may disclose your PHI when required by federal, state, or local law.

- For example, federal law may require your PHI to be released to an appropriate health oversight agency, public health authority, or attorney.

WORKERS' COMPENSATION

Waccamaw Dermatology may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

Waccamaw Dermatology may disclose your PHI for public health activities.

- For example, we may disclose your PHI to State agencies for the purpose of statutory reporting.

HEALTH OVERSIGHT ACTIVITIES

Waccamaw Dermatology may disclose your PHI to authorized agencies conducting audits, inspections, investigations, licensing, or regulatory oversight.

PUBLIC SAFETY

Waccamaw Dermatology may disclose your PHI when necessary and legally permitted to prevent or reduce a serious threat to the health or safety of an individual or the public.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIV VIOLENCE

Waccamaw Dermatology may disclose your PHI to authorized agencies when required or permitted by applicable laws regarding suspected abuse, neglect, or domestic violence.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

Waccamaw Dermatology may disclose your PHI in response to lawful court or administrative orders, subpoenas, warrants, discovery requests, or other legal due processes.

LAW ENFORCEMENT

Waccamaw Dermatology may disclose your PHI for law enforcement purposes as authorized or required by law or other lawful due process.

- For example, we may be required by law to report certain types of wounds or other physical injuries.

CORONERS, MEDICAL EXAMINERS, ADN FUNERAL DIRECTORS

Waccamaw Dermatology may disclose your PHI as necessary to a coroner or medical examiner. This may be necessary to identify a deceased person or to determine the cause of death. We may also release your PHI to a funeral director, as necessary, to carry out his/her duties.

FOR CADAVERIC ORGAN, EYE, AND TISSUE DONATION

Waccamaw Dermatology may disclose your PHI to organizations involved in organ, eye, or tissue donation and transplantation, as permitted by law.

SPECIALIZED GOVERNMENT FUNCTIONS

If you are a member of the armed forces, Waccamaw Dermatology may disclose your PHI with the military for military command purposes. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

CORRECTIONAL INSTITUTIONS

If you are an inmate of a correctional institution or under lawful custody, Waccamaw Dermatology may disclose your PHI to limited staff of the institution or agents thereof PHI necessary for your health and the health and safety of other individuals.

SUBSTANCE USE DISORDER TREATMENT INFORMATION

If Waccamaw Dermatology receives or maintains records from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through general consent you provide to the Part 2 Program to sue and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment or health care operations purposes as described in this Notice. HIPAA-covered entities and business associates which receive PHI including Part 2 records for treatment, payment, or health care operations purposes may redisclose your records in accordance with HIPAA regulations. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us, or in accordance with a court order.

OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION

Waccamaw Dermatology may use or disclose your PHI as described above without your authorization. Other uses and disclosures of PHI not described in this Notice will be made only with your authorization. We will obtain your written authorization for: (i) most uses and disclosures of psychotherapy notes; (ii) most uses and disclosures of PHI for marketing purposes, as defined by HIPAA; and (iii) disclosures that constitute a sale of PHI, as defined by HIPAA. If you give use authorization to use or disclose your PHI, then you may revoke that authorization, in writing, at any time. Your revocation will be effective upon receipt but will not be effective to the extent that Waccamaw Dermatology or others have acted in reliance upon the authorization.

Our use and disclosure of certain sensitive information may also be further restricted by other federal or state laws. This includes information related to genetics, behavioral health, and HIV/AIDS.

State law may provide additional privacy protections or reporting obligations for reproductive health information. When state law is more protective than federal law, we follow state law; when state law requires reporting or disclosure, we comply only as allowed by the HIPAA Privacy Rule and other applicable law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

NOTE: All written requires must be made in writing to the Waccamaw Dermatology Executive Director at the address below.

You have the right to:

1. Request a Restriction on Certain Uses and Disclosures of Your PHI
You have the right to request restrictions on certain uses and disclosures of your PHI. Requests for restrictions must be in writing, as specified above. You must advise Waccamaw Dermatology: (1) what information you want to limit; (2) whether you want to limit Waccamaw Dermatology' internal use, disclosure to third parties, or both; (3) to whom you want the limit(s) to apply. We are not required to agree to your request, except when you request that we restrict disclosure of your PHI to a health plan for a health care item or service for which you have paid out-of-pocket in full and the disclosure is for the purpose of carrying out payment or health care operations, and not otherwise required by law.

2. Receive Confidential Communications
You have the right to request that Waccamaw Dermatology communicate your PHI to you by alternative means or at alternative locations. We will use our best efforts to accommodate reasonable requests. For example, you may request to be contacted at a phone number that is different from the phone number listed in your health care record.

3. Access Your Medical Records
You have the right to inspect and obtain a copy of your medical record. This request for access to your health care record must be submitted in writing, as specified above. This right may not apply to certain types of psychotherapy notes. Waccamaw Dermatology may charge you a reasonable fee for a copy of your health care record.

We will inform you if we cannot fulfill your request, and you can ask us to reconsider the denial by contacting our Executive Director at the address below. Depending upon why the denial was made, we may ask a licensed health care professional to review your request and the denial.

You have the right to access your electronic health information in accordance with applicable laws.

4. Request an Accounting of Disclosures
You have the right to an "accounting of disclosures," which is a list of disclosures of you PHI that we have made to outside parties, except for: (i) those necessary to carry out treatment, payment and healthcare operations; (i) disclosures made before April 14, 2003; (iii) disclosures made to you; (iv) disclosures you authorized; and (v) certain other disclosures. You may receive one accounting per year at no charge; we may charge you a reasonable fee for each subsequent request.

Your request for an accounting of disclosures must be in writing, as specified above, and must state a time period that may not be longer than six years prior to the date the accounting was requested.

5. Obtain a Paper Copy of This Notice
You have the right to obtain a paper copy of this Notice upon request. For example, if you received the notice electronically, you may request that Waccamaw Dermatology provide a paper copy of the Notice.

HEALTH INFORMATION EXCHANGES (HEIS)

Waccamaw Dermatology may participate in various initiatives to facilitate electronic sharing of patient information, including but not limited to Health Information Exchanges (HIEs). An HIE is a secure system at allows doctors, hospitals, and other healthcare providers to share your health information electronically. HIEs help your healthcare team by giving your doctors a complete picture of your health, ensuring they have the right information at the right time. Protecting your privacy is a top priority. HIEs use strict security measures to keep your data safe. Making your information available through an HIE is not a condition of receiving care. You may opt out of electronic sharing of information through our HIE activities by contacting the Privacy Office at the contact information below.

Please note that if you choose to opt out after your information has been shared through an HIE information that was previously shared will likely still be available if previously accessed by another provider although no new information is shared.

PATIENT COMPLAINT PROCESS

If you believe your privacy rights have been violated, you may file a complaint with Waccamaw Dermatology or the Office for Civil Rights of the United Stated Department of Health and Human Services electronically via the OCR Complaint portal, or on paper by mail, fax, or via email (OCRComplaint@hhs.gov). We will not take any action against you for filing a complaint.

To file a complaint with Waccamaw Dermatology, please contact Waccamaw Dermatology's Executive Director who will provide you with the necessary assistance.

QUESTIONS OR CONCERNS

For questions about this Notice, requests involving your protected health information, or concerns regarding your privacy rights, please contact:

Waccamaw Dermatology, LLC
Attn: Executive Director
8170 Rourk St. Ste 100, Myrtle Beach, SC 29572
Phone: (843)-449-0453
Email: info@waccamawdermatology.com

This notice is effective October 16, 2026.