

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2026

SUMMIT DERMATOLOGY, PC

Website: <https://www.summitdermatology.com/>

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 RESPONSIBILITIES

Summit Dermatology, PC is required by law to maintain the privacy and security of your protected health information ("PHI"). We are required to provide you with this Notice of our legal duties and privacy practices regarding your PHI and to follow the terms currently in effect.

We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your medical care and related services. For example, we may share information with pharmacies, laboratories, hospitals, referring physicians, or other healthcare providers involved in your treatment.

Payment

We may use and disclose your PHI to bill and receive payment for treatment and services provided to you. This may include disclosures to insurance companies, health plans, or other third parties responsible for payment.

Healthcare Operations

We may use and disclose your PHI for healthcare operations, including quality assessment, staff training, licensing, credentialing, compliance activities, auditing, business management, and customer service.

Appointment Reminders and Communications

We may contact you regarding appointments, treatment information, test results, billing matters, care coordination, and healthcare-related services using phone calls, voicemail, email, text messaging, patient portal communications, or other electronic methods.

Summit Dermatology, PC uses secure communication and patient engagement platforms, including services provided through Modernizing Medicine and Klara.

Electronic Communications

While we use reasonable safeguards to protect your information, electronic communications may involve some level of risk. By providing your contact information, you acknowledge that we may communicate with you electronically regarding your care unless you request restrictions permitted by law.

Although we use reasonable safeguards, unsecured electronic communications such as standard text messaging or email may carry some privacy risk, and patients should avoid sending highly sensitive medical information through unsecured methods.

Individuals Involved in Your Care

Unless you object, we may disclose relevant health information to a family member, friend, caregiver, or personal representative involved in your care or payment for your care.

Business Associates

We may share your information with third-party service providers who perform functions on our behalf, including electronic health record providers, patient communication vendors, billing companies, cloud storage providers, consultants, and IT vendors. These parties are required by law and contract to safeguard your information.

Uses and Disclosures Required or Permitted by Law

We may disclose your PHI when required or permitted by federal or Colorado law, including for:

- public health activities;
- reporting abuse, neglect, or domestic violence;
- health oversight activities;
- law enforcement purposes;
- judicial or administrative proceedings;
- workers' compensation claims;
- coroners, medical examiners, and funeral directors;
- organ and tissue donation;
- specialized government functions; and
- serious threats to health or safety.

Research

We may use or disclose your information for approved research purposes when permitted by law.

Marketing and Sale of Information

We will not sell your protected health information or use or disclose it for most marketing purposes without your written authorization.

YOUR RIGHTS

You have the right to:

Access Your Records

Request to inspect or receive a copy of your medical records and billing information, including electronic copies when available.

Request Amendments

Request corrections to your medical records if you believe information is incomplete or inaccurate.

Request Confidential Communications

Request that we contact you in a specific way or at a specific location.

Request Restrictions

Request restrictions on certain uses or disclosures of your information. We are not required to agree to all requests, except as required by law.

Receive an Accounting of Disclosures

Request a list of certain disclosures we have made of your PHI.

Receive a 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.

Choose Someone to Act for You

If you have granted medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your information, consistent with applicable law.

OUR WEBSITE AND PATIENT PORTAL

Additional information regarding privacy and security practices related to our website and patient portal may be available on summitdermatology.com.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and make the revised Notice effective for all protected health information we maintain. Updated notices will be posted in our office and on our website.

COMPLAINTS

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

You will not be retaliated against for filing a complaint.

CONTACT INFORMATION

Privacy Officer
Summit Dermatology, PC
8890 N. Union Blvd., Ste. 207, Colorado Springs, CO 80920
719-667-0888
catherine@summitdermatology.com

U.S. Department of Health and Human Services
Office for Civil Rights
<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>