Joint Notice of Privacy Practices

This Joint Notice of Privacy Practices ("Notice") describes how medical information about you may be used and disclosed by Adult & Pediatric Dermatology, P.C. ("APDerm") or its affiliated covered entities as are listed in this Notice (together with APDerm, referred to as "Affiliates") and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of or correct your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information about you that we share
- Get a list of those with whom we've shared your information
- Get a copy of this Notice of Privacy Practices
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your health
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

A more detailed description of your rights, your choices, and our uses and disclosures of your health information is set forth below:

Your Rights

When it comes to your health information, you have certain rights. This section of our Notice of Privacy Practices explains your rights and some of our responsibilities under the law.

Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this or visit Online Medical Record Request - Partner Practices in Dermatology.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to amend your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no," but we'll tell you why in writing within 60 days.

Request confidential communications

- Make a reasonable request to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Notice of Privacy Practices

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting APDerm's Privacy Officer at 978-849-7582 or compliance@apderm.com.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling 1.877. 696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your car
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you cannot tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we generally do not share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

Our Uses and Disclosures of Information About You

How do we typically use or share your health information? We typically use or share your health information in the following ways.

To treat you We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To run our organization We can use and share your health information to run our health center, improve your care, and contact you when necessary. *Example: We use health information about you to improve the quality of care we provide to you and others.*

To bill for your services We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How Else Can We Use or Share Your Health Information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We must meet certain legal requirements before we can share your information for these purposes. If you want to learn more, you can go to www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Appointment Reminders and Health-related Benefits and Services

We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. You will be given the opportunity to opt out of these communications at any time. For example, we may use the phone number you provide to us to send reminders about your scheduled appointment date and time, assist with your visit preparation, and send information to help you manage your health. You can opt out of these text communications by unsubscribing or calling the office.

We may share your information with a third party to assist us with our business operations and your experience. Certain technology may use artificial intelligence (AI). We have an evaluation and approval process to ensure our systems meet HIPAA requirements and our data security standards. We also educate our staff on the appropriate and safe use of technology, including the use of AI tools. While these tools help us enhance your experience and/or our operations, they do not replace human intervention or judgment. Information generated by AI tools will be reviewed by a human for accuracy and appropriateness. If you would like more information about how your data is processed, please contact us at compliance@apderm.com.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do Research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information about a deceased patient with a coroner, medical examiner, or funeral director.

Address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

More Information

Access your medical records:

- Instructions to request copies: Online Medical Record Request - Partner Practices in Dermatology
- Access your patient portal: Patient Portal | APDerm
- Contact the Privacy Office: compliance@apderm.com or 978-849-7582

Other Notices: Notice of Privacy Practices – APDerm

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Acknowledgment of receipt of this Notice of Privacy Practices is indicated by your signature on our Informed Consent Form that is scanned into your electronic medical record.

Affiliated Covered Entities Covered Under this Notice of Privacy Practices

- Adult & Pediatric Dermatology, P.C.
- Advanced Dermatology and Aesthetic Center, LLC
- Associates In Dermatology, LLC
- Boston Dermatology & Laser Center, LLC
- Coastal Dermatology, Inc.
- Dermatology Associates, LLC
- Dermatology Professionals, LLC
- Dermatology Professionals, Inc
- DermCare Physicians & Surgeons, LLC
- GK Dermatology, P.C
- Jay A. Goldstein Dermatology M.D., LLC
- Lexington-Waltham Dermatology Group, P.C
- Mystic Valley Dermatology Associates, P.C.
- Pioneer Valley Dermatology, P.C.
- Stuart J. Arbesfeld, M.D., P.C

This notice was updated on July 16, 2026