

The Dermatology, Laser and Vein Center

a practice of Midwest Dermatology Group LLC

Notice of Privacy Practices

Effective October 26, 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.

Who this notice covers

This notice applies to Midwest Dermatology Group LLC and both of its practices:

- **The Dermatology, Laser and Vein Center** (aesthetic dermatology), 9505 Montgomery Road, Suite 201, Cincinnati, OH 45242. Phone: 513-985-9885.
- **Moksha Dermatology** (medical dermatology), 9505 Montgomery Road, Suite 202, Cincinnati, OH 45242, and 35 Overbrook Court, Suite 110, Monroe, OH 45050. Phone: 513-407-6946.

It covers all of our providers and staff at every location. Your health information may be shared between the two practices as needed for your care, payment and our operations.

Our responsibilities

We are required by law to:

- Keep the privacy and security of your protected health information.
- Give you this notice of our legal duties and privacy practices.
- Follow the terms of the notice currently in effect.
- Tell you promptly if a breach occurs that may have compromised the privacy or security of your information.

We will not use or share your information other than as described here unless you tell us we can in writing.

How we use and share your health information

We may use and share your information without your written permission for these purposes:

- **Treatment.** To provide and coordinate your care. Example: we send a biopsy specimen to a pathology laboratory, or share your records with your primary care doctor or a specialist we refer you to.
- **Payment.** To bill and get paid for your care. Example: we send information to your health insurance plan so it will pay for a visit or procedure.
- **Health care operations.** To run our practice and improve care. Example: we review records to check the quality of our care, train staff, or work with our collaborating and supervising physicians.
- **Appointment reminders and health information.** We may contact you by phone, text or email to remind you of appointments, follow up on your care, or tell you about treatment options or services that may interest you.
- **Business associates.** We share information with companies that provide services to us, such as our electronic health record, billing and IT vendors. They must sign an agreement to protect your information.
- **Family and friends.** We share information with a family member or friend only if you name them on our Designation of Personal Representative form or tell us it is okay. In an emergency, or if you are unable to agree, we may share what is needed for your care using our professional judgment.
- **Patients under 18.** We generally share information with a parent or legal guardian, as permitted by Ohio law.

Other ways we may share your information

The law allows or requires us to share your information in these situations, under specific conditions:

- **As required by law**, including to the U.S. Department of Health and Human Services to show we comply with privacy law.
- **Public health and safety**, such as reporting disease, adverse reactions to medications or problems with products, and preventing or reducing a serious threat to anyone's health or safety.
- **Abuse, neglect or domestic violence**, when we are required or allowed to report it to a government authority.
- **Health oversight**, such as audits, inspections and licensing by government agencies.
- **Lawsuits and legal actions**, in response to a court or administrative order, or a subpoena.
- **Law enforcement**, for certain purposes, such as identifying a suspect or reporting a crime on our premises.
- **Coroners, medical examiners and funeral directors**, when a patient dies.
- **Organ and tissue donation**, to organizations that handle donation and transplantation.
- **Research**, when an approved research review process allows it.
- **Workers' compensation**, for work-related injury or illness claims.
- **Special government functions**, such as military, national security and presidential protective services.
- **Disaster relief**, to help notify family members or others of your location and condition during a disaster, unless you object.
- **Correctional institutions**, if you are an inmate, as needed for your health care and the safety of others.

Ohio law. Ohio law gives extra protection to some information, such as HIV test results and certain mental health and substance-use records. We will follow those stricter rules when they apply.

Uses that need your written permission

We will ask for your written authorization before we:

- Use your information, including photographs or videos, for **marketing**, advertising or social media.
- **Sell** your health information. We do not sell patient information.
- Share **psychotherapy notes**, if any exist.
- Use or share your information for any other purpose not described in this notice.

You may revoke an authorization at any time by telling us in writing. Revoking it stops future uses but does not undo what we already shared while it was in effect. Your care will not depend on whether you sign an authorization.

Your rights

To use any of these rights, contact our Privacy Officer (below). Some requests must be in writing.

- **Get a copy of your records.** You can see or get a paper or electronic copy of your medical and billing records. We will respond within 30 days and may charge a reasonable, cost-based fee.
- **Ask us to correct your records.** If you think information is wrong or incomplete, you can ask us to change it. We may say no, but we will tell you why in writing within 60 days.
- **Ask for confidential communication.** You can ask us to contact you in a specific way (for example, a different phone or address). We will agree to reasonable requests.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain information. We are not required to agree, except: if you pay for a service in full yourself, you can ask us not to share that information with your health insurer, and we will agree unless the law requires us to share it.
- **Get a list of who we shared information with.** You can ask for a list of times we shared your information in the six years before your request, except for treatment, payment, operations and certain other disclosures. One list a year is free.
- **Get a copy of this notice.** You can ask for a paper copy at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** A legal guardian or a person with your medical power of attorney can use your rights for you. We will confirm their authority first.

Questions and complaints

If you have questions, want to use your rights, or believe your privacy rights were violated, contact:

Morgan Davis, Privacy Officer

Midwest Dermatology Group LLC

9505 Montgomery Road, Suite 201, Cincinnati, OH 45242

513-985-9885 (The Dermatology, Laser and Vein Center) or 513-407-6946 (Moksha Dermatology)

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at hhs.gov/ocr/complaints, by calling 1-800-368-1019, or by writing to 200 Independence Avenue SW, Washington, DC 20201.

We will not retaliate against you for filing a complaint.

Changes to this notice

We may change this notice, and the changes will apply to all information we have about you. The current notice is posted at each of our offices and on our websites, and a copy is available at the front desk.

Effective date: October 26, 2026