

Notice of Privacy Practices

Effective date: October 11, 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.

This notice applies to Idriss Dermatology PC and to Idriss Dermatology Management LLC, which provides management and administrative services to the practice (together, “Idriss Dermatology,” “we,” “us”), 80 West 40th Street, 3rd Floor, New York, NY 10018. Both follow this notice whenever they handle your health information. It covers your patient records: information that identifies you and relates to your health, the care we provide you, or payment for that care. What our website collects is explained in our [Website Privacy Policy](#).

Your rights

When it comes to your health information, you have the right to:

- **See and get a copy of your records.** Ask us in writing to see or get a copy of your medical and billing records, on paper or electronically, or to send a copy to someone you choose. We will let you inspect your records within 10 days of your written request and provide copies within a reasonable time, no later than 30 days. Paper copies cost no more than 75 cents per page; electronic copies cost no more than our reasonable cost of preparing them. We will not deny you access because you cannot pay.
- **Ask us to correct your records.** If you think information in your records is incorrect or incomplete, you may ask us in writing to correct it. We will answer within 60 days; if we need more time, we may extend this once by up to 30 days and will tell you why. If we say no, we will explain why in writing, and you may give us a written statement of disagreement, which we will add to your record.
- **Ask us to contact you confidentially.** You may ask us to contact you in a specific way (for example, a particular phone number or email address) or at a different address. We will agree to all reasonable requests.
- **Ask us to limit what we use or share.** You may ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree, and we may say no if it would affect your care. Because you pay us directly, we do not send your information to health plans unless you ask us to; if you ask us not to share information about a service you paid for in full with a health plan, we will agree unless a law requires us to share it.
- **Get a list of those with whom we have shared your information.** You may ask for a list (an “accounting”) of the times we have shared your health information in the six years before the date you ask, who we shared it with, and why. It will not include disclosures for treatment, payment or operations, disclosures you asked us to make, and certain others. We provide one list a year free of charge; we may charge a reasonable, cost-based fee for additional lists within 12 months.

- **Get a copy of this notice.** You may ask for a paper copy at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** If someone is your legal guardian or holds your health care power of attorney, that person can exercise your rights. If you are the parent of a minor, you can usually act for your child, except where New York law lets the minor make their own health care decisions. We will confirm the person has this authority before we act.
- **File a complaint if you believe your privacy rights have been violated.** See “Questions and complaints” below.

How we use and share your health information

Treatment. We use your health information and share it with other professionals who are treating you.

Example: your dermatologist reviews your history and photos before a procedure, or we send information to a pharmacy that fills your prescription or to a laboratory that tests a biopsy.

Payment. We use your health information to bill you and collect payment for our services. We do not accept insurance. *Example:* we prepare an itemized statement you can use to seek reimbursement from your insurer or a health savings or flexible spending account.

Running our practice. We use and share your health information to run our practice, improve your care and contact you when necessary. *Example:* we use information to review the quality of our care, train staff, and send you appointment reminders.

Service providers. Companies that store or manage your health records for us, such as our electronic health record and scheduling providers, agree in writing to protect your information. Phone and text carriers transmit our messages but are not given access to your records.

Text messages and email. If you give us a mobile number or email address, we may send appointment reminders and other messages by text or regular email. Ordinary text and email may not be secure. You can ask us to use a different method, or to stop, at any time.

Photographs. Clinical photographs are part of your medical record and are used for your treatment. We use photos, videos or comments that identify you in our marketing, website or social media only with your signed authorization, which you may revoke at any time for future use.

Other ways we may use or share your information

We are allowed or required to share your information in other ways, usually for purposes that contribute to the public good, and only when we meet the conditions the law sets. These include:

- When required by federal, state or local law.
- For public health and safety, such as reporting adverse reactions to medications, preventing disease, or reporting suspected abuse, neglect or domestic violence.
- To prevent or reduce a serious threat to anyone’s health or safety.
- For health oversight activities, such as audits and inspections, and to the U.S. Department of Health and Human Services when it checks our compliance with privacy law.

- In response to a court or administrative order, or a subpoena, as the law permits (in New York, usually only with your authorization or a court order).
- For law enforcement purposes, with a law enforcement official, as the law permits.
- For workers' compensation claims.
- For special government functions, such as military, national security and presidential protective services.
- With a coroner, medical examiner or funeral director, and with organ and tissue donation organizations.

Limited incidental disclosures, such as being overheard in the waiting room, can happen despite reasonable safeguards. If our practice is sold or merged, records pass to the new owner as the law permits.

Your choices

You can tell us whether we may share information with family, close friends or others involved in your care or payment for your care. If you are not able to tell us your preference, for example if you are unconscious, we may share information if we believe it is in your best interest. We may also share information with disaster relief organizations so that your family can be told where you are. After your death, we may share information with your personal representative, and with family members involved in your care unless you told us otherwise.

We may tell you about our own treatments and services, and you can opt out at any time.

Uses that need your written permission

We will not sell your information, and we will not use or share it for marketing by others (including any skincare or other company) or in exchange for payment, unless you give us written authorization. Most sharing of psychotherapy notes also needs your written authorization. Any other use or disclosure not described in this notice will be made only with your written authorization. You may revoke an authorization in writing at any time; this will not affect anything we already did in reliance on it.

New York law

New York law gives extra protection to some kinds of information, such as HIV-related information, genetic test results and mental health information. When New York law is stricter than federal law, we follow New York law.

Our responsibilities

- We are required by law to maintain the privacy and security of your health information and to give you this notice of our legal duties and privacy practices.
- If a breach affects your information, we will notify you as federal and New York law require.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

Changes to this notice

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

Questions and complaints

If you have questions, want to exercise any of your rights, or believe your privacy rights have been violated, contact our Privacy Officer:

Privacy Officer, Idriss Dermatology

80 West 40th Street, 3rd Floor, New York, NY 10018

Phone: (212) 612-1520

Email: patients@idrissderm.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by mail at 200 Independence Avenue, S.W., Washington, D.C. 20201, by phone at 1-877-696-6775, or online at www.hhs.gov/ocr/complaints.

We will not retaliate against you for filing a complaint.