Skin Remedy MD

Notice of Privacy Practices

Effective Date: 8/1/2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN ACCESS THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Skin Remedy MD is committed to protecting the privacy and security of your health information. This Notice of Privacy Practices explains how we may use and disclose your protected health information ("PHI") and describes your rights regarding that information.

Your Rights

You have the right to:

Access Your Medical Record

You may ask to inspect or receive an electronic or paper copy of your medical record and other health information we maintain about you.

We generally will provide the requested information within the time required by law. We may charge a reasonable, cost-based fee when permitted.

Request a Correction

If you believe information in your medical record is incorrect or incomplete, you may ask us to amend it.

We may deny your request in certain circumstances, but if we do, we will provide an explanation in writing as required by law.

Request Confidential Communications

You may ask us to contact you in a particular way, such as by phone, text, email, or mail, or to use a different address or telephone number.

We will accommodate reasonable requests.

Request Restrictions

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations.

We are not always required to agree to your request.

If you pay in full out-of-pocket for a health care service, you may ask us not to disclose information about that service to your health plan for payment or health care operations. We will honor that request unless disclosure is required by law.

Receive an Accounting of Disclosures

You may request a list of certain disclosures of your health information made during the six years prior to your request.

Certain disclosures, including many disclosures for treatment, payment, and health care operations, are not included in this accounting.

Receive a Copy of This Notice

You may request a paper copy of this Notice at any time, even if you previously received it electronically.

Have Someone Act on Your Behalf

If another person has legal authority to act on your behalf, such as a legal guardian or health care power of attorney, that person may exercise your privacy rights when appropriate.

File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with Skin Remedy MD.

Privacy Contact:
Mike Lipnick, MD
Skin Remedy MD
2949 Federal Blvd, Suite 200C, Denver, CO 80211
(303)981-8911
contact@skinremedyMD.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Skin Remedy MD will **not retaliate against you** for filing a complaint.

Your Choices

For certain health information, you may tell us how you would like information shared.

You may tell us whether you want us to:

- Share information with family members, friends, caregivers, or others involved in your care or payment for your care.
- Share information in a disaster-relief situation.
- Communicate with you through particular methods when reasonable.

If you are unable to communicate your preference, we may share information when permitted by law if we reasonably believe doing so is in your best interest or is necessary to prevent a serious and imminent threat to health or safety.

Marketing, Photographs, and Before-and-After Images

Skin Remedy MD may take photographs or other images when clinically appropriate for documentation, treatment planning, comparison of treatment results, or inclusion in your medical record.

Clinical consent to photography does not automatically authorize Skin Remedy MD to use identifiable photographs, videos, testimonials, or other protected health information for advertising, social media, our website, educational promotion, or other marketing purposes.

When authorization is required by law, Skin Remedy MD will obtain a **separate written authorization** before using identifiable patient information or images for marketing.

You may decline marketing authorization without affecting your ability to receive treatment.

We will not sell your protected health information without your written authorization except as otherwise permitted by law.

How We May Use and Disclose Your Health Information

Treatment

We may use and disclose your health information to provide, coordinate, and manage your care.

For example, we may share relevant information with another physician or health care professional involved in your treatment.

Health Care Operations

We may use and disclose your health information to operate our practice, evaluate our services, improve quality, train appropriate personnel, conduct compliance activities, and manage your care.

Payment

We may use and disclose health information as necessary to obtain payment for services, process transactions, communicate regarding balances, or interact with health plans or other responsible parties when applicable.

Appointment and Care Communications

We may use your contact information to communicate with you regarding:

- Appointments
- Appointment reminders
- Follow-up care
- Treatment instructions
- Treatment recommendations
- Services related to your care

We will use reasonable safeguards when communicating with you.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose your health information without written authorization when permitted or required by law, including for purposes such as:

- Public health activities
- Reporting certain adverse events or product problems
- Preventing or reducing serious threats to health or safety
- Reporting suspected abuse, neglect, or domestic violence when authorized or required
- Health oversight activities
- Compliance with federal, state, or local law
- Certain judicial or administrative proceedings
- Certain law-enforcement purposes
- Workers' compensation matters
- Medical examiner, coroner, or funeral director activities
- Organ and tissue donation
- Certain government functions
- Research when applicable legal requirements have been satisfied

We will disclose only the information permitted or required under applicable law.

Substance Use Disorder Records

To the extent Skin Remedy MD receives or maintains substance use disorder patient records protected by **42 CFR Part 2**, additional federal confidentiality protections may apply.

Such information generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you based on those records unless legally permitted, including where applicable with your written consent or an appropriate court order and subpoena.

Uses Requiring Written Authorization

Uses or disclosures that are not otherwise permitted by law will generally be made only with your written authorization.

Examples may include:

- Certain marketing uses
- Sale of protected health information
- Most uses of psychotherapy notes, if applicable
- Public use of identifiable patient photographs or videos when authorization is required

If you provide authorization, you may revoke it in writing at any time, except to the extent we have already acted in reliance on it.

Our Responsibilities

Skin Remedy MD is required to:

- Maintain the privacy and security of your protected health information.
- Follow applicable federal and state privacy laws.
- Provide you with this Notice describing our privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.
- Limit uses and disclosures of health information as required by applicable law.

We will not use or disclose your health information in a manner not described in this Notice unless you authorize us in writing or the use or disclosure is otherwise permitted or required by law.

More Protective Laws

Certain federal or state laws may provide greater privacy protections for particular categories of health information. When a law applicable to Skin Remedy MD provides greater protection than HIPAA, Skin Remedy MD will follow the more protective requirement.

Changes to This Notice

Skin Remedy MD may change this Notice and its privacy practices.

Changes may apply to health information we already maintain as well as information we receive in the future.

The current Notice will be available:

- At Skin Remedy MD
- Upon request
- On our website, if applicable

Questions or Complaints

For questions about this Notice, your privacy rights, or Skin Remedy MD's privacy practices, contact:

Privacy Contact:
Mike Lipnick, MD
Skin Remedy MD
2949 Federal Blvd, Suite 200C, Denver, CO 80211
(303) 981-8911
contact@skinremedyMD.com

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