

**Notice of Privacy Practices**  
**Derick Dermatology**  
**Phone: (866) 337-4251**  
**[www.DerickDermatology.com](http://www.DerickDermatology.com)**

**Your Information. Your Rights. Our Responsibilities.**

EFFECTIVE DATE: JANUARY 28th, 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 all records of your care generated by Derick Dermatology and to substance use treatment-related records (SUD treatment records) under 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2 (Part 2) that we receive or maintain. We also follow the confidentiality protections of Part 2 for such records. Certain uses and disclosures otherwise permitted by HIPAA are materially limited by Part 2.

**Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- 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 condition
- 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
- Discuss and coordinate your care with other health professionals
- 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

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **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.
- 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 correct your medical record**

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

### **Request confidential communications**

- You can ask us 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 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 privacy notice**

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 you have given someone 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 our privacy and security officers:
  - Privacy Officer: Jordan Santoro | (866) 337-4251 x1213 | [Privacy@derickdermatology.com](mailto:Privacy@derickdermatology.com)
  - Security Officer: Ryan Henckel | (866) 337-4251 x1304 | [SecurityOfficer@derickdermatology.com](mailto:SecurityOfficer@derickdermatology.com)
  - By Mail: Derick Dermatology, ATTN: Privacy Officer, 1600 N Randall Road, Suite 400, Elgin, IL 60123
- 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, S.W., Washington, D.C. 20201, calling 1877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- 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 choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory - **We do not create or manage a hospital directory**

*If you are not able to 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 never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information - **We do not sell patient information under any circumstance**
- Most sharing of psychotherapy notes

**In the case of fundraising:**

We do not perform any fundraising activities

**Rediscovery**

Information that is disclosed to third-parties pursuant to the HIPAA Privacy Rule is subject to rediscovery by the recipient and may no longer be protected by the HIPAA Privacy Rule.

**Substance Abuse Treatment**

We are required to protect the privacy and security of your substance use disorder patient records in accordance with 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2, the Confidentiality of Substance Use disorder Patient Records (“**Part 2**”), in addition to HIPAA and applicable state law. In a civil, criminal, administrative, or legislative proceeding against an individual, we will not use or share information about your SUD treatment records unless a court order requires us to (after notice and an opportunity to be heard is provided to you, as provided in 42 CFR part 2) or you give us your written permission. You may report suspected violations to the U.S. Attorney for the judicial district in which the violation occurs. Contact information for the U.S. Attorney offices where we operate is below:

U.S. Attorney Office Northern District of Illinois, Eastern Division, 219 S. Dearborn St., Suite 500, Chicago, Ill. 60604; (312) 353-5300.

U.S. Attorney Office Middle District of Florida, 400 North Tampa Street, Suite 3200, Tampa, FL 33602; (813) 274-6000.

Suspected violations by an opioid treatment program may be reported to the Substance Use and Mental Health Services Administration (SAMHSA), Opioid Treatment Program Compliance Office by phone at 204-276-2700 or online at [OTP-extranet@opiod.samhsa.gov](mailto:OTP-extranet@opiod.samhsa.gov).

**Our Uses and Disclosures**

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**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.*

## **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

## **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 will use your health information to communicate with you about your upcoming appointments. For example:

- We will send you an email or a text message to remind you of an upcoming appointment.
- We may also use email or text message to send you patient surveys and other non-marketing communications.

You may choose to opt out of these communications at any time.

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 have to meet many conditions in the law before we can share your information for these purposes.

Use or disclosure of SUD treatment records for payment and/or healthcare operations generally requires your written consent.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **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 with a coroner, medical examiner, or funeral director when an individual dies.

## **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.

## **Use of Artificial Intelligence (AI)**

We may use health information in connection with various artificial intelligence (AI) solutions. We will limit our partnership to AI solutions that are willing to commit to protecting patient privacy.

## **Disclosure of certain records**

Illinois:

Illinois law also has certain requirements that govern the use or disclosure of your health information. In order for us to release information about mental health treatment, genetic information, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign an authorization form unless state law allows us to make the specific type of use or disclosure without your authorization.

## Florida:

Florida law also may have certain requirements that govern the use or disclosure of your PHI that are more strict than HIPAA. In order for us to release information in these circumstances, you may be required to sign an authorization form unless state law allows us to make the specific type of use or disclosure without your authorization.

## **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 here 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Service locations covered by this Notice**

This notice applies to all service locations of Derick Dermatology, PLLC, Derick Dermatology, LLC, and Derick Services, LLC.

## **Questions regarding this notice can be directed to:**

### *In Writing*

Derick Dermatology  
ATTN: Privacy Officer  
1600 N Randall Rd  
Suite 400  
Elgin, IL 60123

### *By Phone*

866-337-4251

## **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 web site.