DFW Skin Surgery Center, PLLC
1115 W. Randol Mill Rd., Suite 200, Arlington, TX 76012 | 2485 E. Southlake Blvd., Suite 200, Southlake, TX 76092
(817) 303-MOHS (6647) | Fax (817) 303-6651 | www.dfwskinsurgery.com

NOTICE OF PRIVACY PRACTICES

Effective August 31, 2026

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed, how you can get access to this information, and your rights concerning your health information. Please review it carefully.

DFW Skin Surgery Center, PLLC ("DFW Skin Surgery Center," "we," "our," or "us") is required by law to maintain the privacy and security of your protected health information (PHI), provide you with this notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect.

YOUR RIGHTS	YOUR CHOICES	OUR USES & DISCLOSURES
Access or obtain copies of your records; request corrections; ask for confidential communications; request restrictions; receive an accounting of certain disclosures; obtain a copy of this notice; choose a personal representative; and complain without retaliation.	You may tell us your preferences about sharing information with family or others involved in your care, disaster relief, and certain communications. Some uses require your written authorization.	We may use or share information for treatment, payment, health care operations, public health and safety, research, legal requirements, and other purposes permitted or required by law.

YOUR RIGHTS

Get an electronic or paper copy of your medical record

You may ask to see or obtain an electronic or paper copy of your medical record and other health information we maintain about you. We generally will provide a copy or summary within 30 days of your request. We may charge a reasonable, cost-based fee when permitted by law.

Ask us to correct your medical record

You may ask us to correct health information you believe is incorrect or incomplete. We may deny the request in some circumstances, but if we do, we will explain the reason in writing, generally within 60 days.

Request confidential communications

You may ask us to contact you in a particular way (for example, only at a cell phone number) or to send mail to a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share

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

Get an accounting of certain disclosures

You may ask for a list of certain disclosures of your health information made during the six years before your request, including who received the information and why. The accounting does not include certain disclosures, such as those for treatment, payment, health care operations, or disclosures you specifically authorized. One accounting in a 12-month period is free; additional requests may be subject to a reasonable, cost-based fee.

Get a copy of this notice

You may request a paper copy of this notice at any time, even if you agreed to receive it electronically. The current notice is also available at our offices and on our website.

Choose someone to act for you

If a person has legal authority to act as your personal representative, such as a guardian or health care agent, that person may exercise your privacy rights. We will verify the person's authority before acting on a request.

File a complaint

You may complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

YOUR CHOICES

You may tell us your preferences about sharing relevant information with family members, friends, or others involved in your care or payment for your care, and about sharing information in a disaster-relief situation. If you are unable to tell us your preference, we may share information when we believe it is in your best interest and the law permits it.

We will obtain your written authorization before uses or disclosures for marketing that require authorization under HIPAA, before any sale of PHI, and for most uses of psychotherapy notes. We do not sell your PHI. If we ever use PHI for fundraising, you may opt out; if a fundraising communication would use Part 2 records, we will provide clear advance notice and a choice not to receive it.

OUR USES AND DISCLOSURES

Treatment

We may use your health information and share it with other health professionals who are treating you. For example, we may send relevant information to a referring physician, consultant, laboratory, pharmacy, or other treating provider.

Health care operations

We may use and share health information to operate our practice, improve quality and safety, train staff, conduct audits, evaluate services, manage our business, and contact you when necessary. Business associates that handle PHI for us are required to protect it as required by law and contract.

Payment

We may use and share health information to bill and obtain payment from health plans or other responsible parties, verify benefits, coordinate benefits, and perform other payment-related activities.

Other uses and disclosures permitted or required by law

- **Public health and safety:** preventing or controlling disease, reporting adverse events or product problems, reporting suspected abuse or neglect, or preventing a serious threat to health or safety.
- **Research:** when permitted under applicable privacy requirements and appropriate approvals or waivers.
- **Compliance with law:** when federal or state law requires or permits disclosure, including certain health oversight activities.
- **Organ and tissue donation:** to organizations involved in organ, eye, or tissue donation when applicable.
- **Medical examiners and funeral directors:** as necessary to perform their lawful duties.
- **Workers' compensation, law enforcement, and government requests:** when applicable legal requirements are met.
- **Lawsuits and legal actions:** in response to a valid court or administrative order, subpoena, discovery request, or other lawful process, subject to applicable safeguards.
- **Appointment and care communications:** to remind you of appointments or recommended services and to communicate with you about your care as permitted by law.

SPECIAL PROTECTIONS

Substance use disorder records (42 CFR Part 2)

To the extent that we receive or maintain substance use disorder patient records protected by 42 CFR Part 2, those records receive additional protections. We will not use or disclose Part 2 information in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide written consent or the disclosure is supported by the court process required by Part 2.

Texas confidentiality protections

Texas law may provide additional confidentiality protections for certain information, including mental health records, HIV test results, and genetic information. When Texas law is more protective than HIPAA, we will follow the stricter requirement.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information, as required by law.
- We must follow the duties and privacy practices described in the notice currently in effect.
- We will not use or share your information other than as described in this notice unless you authorize us in writing or the law otherwise permits or requires it. You may revoke an authorization in writing, except to the extent we have already acted in reliance on it.

CHANGES TO THIS NOTICE

We may change the terms of this notice and make the new terms effective for all PHI we maintain, including information created or received before the change. If we make a material change, the revised notice will be available upon request, at our offices, and on our website.

QUESTIONS AND COMPLAINTS

For questions about this notice, to exercise your privacy rights, or to file a complaint with our practice, contact:

Practice: DFW Skin Surgery Center, PLLC	**Privacy Officer:** Jamie Malone
Phone: (817) 303-6647	**Email:** info@dfwskinsurgery.com
Arlington: 1115 W. Randol Mill Rd., Suite 200, Arlington, TX 76012	**Southlake:** 2485 E. Southlake Blvd., Suite 200, Southlake, TX 76092
Website: www.dfwskinsurgery.com	**Effective date:** August 31, 2026

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; telephone 1-877-696-6775; or through the HHS Office for Civil Rights complaint process. We will not retaliate against you for filing a complaint.