GRACE

DERMATOLOGY & AESTHETICS

NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

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

OUR COMMITMENT TO YOUR PRIVACY

Bernard Parham MD, PLLC ("Practice," "we," "our," or "us") understands that your medical information is personal and confidential. We are committed to protecting your Protected Health Information ("PHI") and maintaining your privacy in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and applicable Tennessee law.

We create and maintain records of the care and services you receive from us. These records are necessary to provide quality medical care, process payment for services, comply with legal requirements, and operate our medical practice effectively.

This Notice applies to all medical records maintained by Bernard Parham MD, PLLC, including services provided:

- In-office
- Through telehealth or telemedicine
- Through concierge and home-based medical services
- Through affiliated clinical operations of the Practice We are required by law to:
- Maintain the privacy and security of your PHI.
- Provide you with this Notice of our legal duties and privacy practices.
- Follow the terms of this Notice currently in effect.
- Notify you if a breach occurs that may compromise the privacy or security of your information.
- Comply with all applicable federal and state privacy laws.

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We reserve the right to revise this Notice at any time. Any revised Notice will apply to all PHI maintained by the Practice. Updated versions will be available in our office and on our websites.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Federal law allows us to use and disclose your PHI without your written authorization for purposes of treatment, payment, and healthcare operations.

1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your medical care.

Examples include:

- Sharing information with specialists or consulting physicians.
- Coordinating care with hospitals, laboratories, pharmacies, imaging centers, and other healthcare providers.
- Conducting telehealth visits and communicating regarding your medical treatment.
- Providing concierge and home-based medical services.

2. Payment

We may use and disclose PHI to obtain payment for healthcare services.

Examples include:

- Billing insurance companies.
- Verifying eligibility and coverage.
- Obtaining prior authorizations.
- Collecting patient balances.

3. Healthcare Operations

We may use and disclose PHI to support the operation of our practice. Examples include:

- Quality assessment and improvement activities.
- Staff training and education.
- Licensing and accreditation activities.
- Audits and compliance reviews.
- Business planning and administrative functions.

OTHER USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION

We may disclose your PHI without your authorization when permitted or required by law, including:

Public Health Activities

- Reporting communicable diseases.
- Reporting adverse reactions to medications.
- Reporting abuse, neglect, or domestic violence when required by law. **Health**

Oversight Activities

- Audits
- Investigations
- Inspections
- Licensure reviews

Judicial and Administrative Proceedings

We may disclose information in response to:

- Court orders
- Subpoenas
- Administrative requests
- Other lawful legal processes

Law Enforcement

We may disclose PHI for certain law enforcement purposes permitted by law.

Coroners, Medical Examiners, and Funeral Directors

We may disclose PHI to identify deceased individuals or determine causes of death.

Organ and Tissue Donation

We may disclose PHI to organizations involved in organ procurement and transplantation.

Research

We may use or disclose PHI for approved research activities when permitted by law.

Serious Threats to Health or Safety

We may disclose PHI when necessary to prevent or lessen a serious threat to your health or safety or that of another person.

Workers' Compensation

We may disclose PHI as required by workers' compensation laws.

Military and National Security Activities

We may disclose PHI for specialized government functions permitted by law.

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TELEHEALTH SERVICES

When providing telehealth services, we may use and disclose your PHI through secure electronic communications and telemedicine platforms.

Reasonable safeguards are used to protect the confidentiality and security of your information. However, no electronic communication system can be guaranteed to be completely secure.

By participating in telehealth services, you acknowledge and accept the inherent risks associated with electronic communications.

ELECTRONIC COMMUNICATIONS

We may communicate with you through:

- Telephone calls
- Voicemail messages
- Text messages
- Email
- Patient portals
- Telehealth platforms

These communications may include:

- Appointment reminders
- Follow-up instructions
- Prescription information
- Billing information
- Health-related services and benefits

You may request alternative methods of communication at any time.

CONCIERGE AND HOME-BASED MEDICAL SERVICES

If you participate in concierge or home-based medical services, we may use and disclose PHI as necessary to:

- Schedule and conduct home visits.
- Coordinate care with caregivers and family members you authorize.
- Document services rendered outside the office setting.
- Manage ongoing treatment plans.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Except as described in this Notice, we will obtain your written authorization before using or disclosing your PHI.

Examples include:

Marketing

We will obtain authorization before using your PHI for marketing purposes when required by law.

Sale of Health Information

We do not sell patient health information.

Other Uses

Any use or disclosure not described in this Notice will require your written authorization unless otherwise permitted by law.

You may revoke an authorization at any time in writing, except to the extent action has already been taken in reliance upon it.

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DISCLOSURES TO FAMILY MEMBERS AND OTHERS INVOLVED IN YOUR CARE

Unless you object, we may disclose relevant PHI to:

- Family members
- Close friends
- Caregivers
- Personal representatives when they are involved in your care or payment for your healthcare.

In emergencies, we may make professional judgments regarding disclosures that are in your best interest.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION Right to Inspect and Obtain Copies

You have the right to inspect and obtain copies of your medical records, subject to certain legal exceptions.

Requests must be made in writing.

Right to Request Amendments

You may request corrections or amendments to your medical records if you believe information is incorrect or incomplete.

Right to Request Restrictions

You may request restrictions on certain uses and disclosures of your PHI. We are not required to agree to all requested restrictions.

Right to Restrict Disclosure to Health Plans

If you pay out-of-pocket in full for a service, you may request that information regarding that service not be disclosed to your health plan.

Right to Confidential Communications

You may request that we communicate with you through alternative methods or locations.

Reasonable requests will be accommodated.

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Right to Receive an Accounting of Disclosures

You may request a list of certain disclosures we have made of your PHI.

Right to Receive a Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Right to Be Notified of a Breach

You have the right to be notified if a breach occurs involving your unsecured PHI.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer

Dr. Bernard Parham
Bernard Parham MD, PLLC
3475 Brainerd Rd., Building B
Chattanooga, TN 37411

Phone: 423-800-8337

Email DrParham@BernardParham.com

You may also file a complaint with:

Office for Civil Rights
U.S. Department of Health and Human Services

https://www.hhs.gov/ocr/privacy/hipaa/complaints/

You will not be retaliated against for filing a complaint.