

NOTICE OF PRIVACY PRACTICES

**Highlander Dermatology LLC d/b/a
Highlander Dermatology and Aesthetic Center**



Effective date: October 11, 2026

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

This notice applies to Highlander Dermatology LLC, its physicians, advanced practice providers, employees, contractors, trainees, volunteers, and other workforce members at the Brookfield and Franklin locations who are permitted to use or disclose protected health information (PHI).

Your information, your rights, and our responsibilities

Your rights	Your choices	Our uses and disclosures
Access and obtain copies Request corrections Request confidential contact Request limits Obtain an accounting Choose a representative File a complaint	Family and friends Disaster relief Marketing authorization No sale of PHI No fundraising communications	Treatment Practice operations Payment Public health and safety Research Legal requirements Government and legal requests

Special protection for substance use disorder records. To the extent we maintain records that are protected by 42 CFR Part 2, those records generally may not be used or disclosed in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide written consent or the disclosure is authorized by a qualifying court order and subpoena.

Your rights

You may exercise the following rights regarding PHI that we maintain about you. We may ask you to submit a written request and verify your identity.

Inspect or obtain a copy of your record

You may ask to inspect or receive an electronic or paper copy of your medical record and other PHI we maintain about you. We generally respond within 30 days. We may charge a reasonable, cost-based fee when permitted by law. In limited circumstances, we may deny access and will explain the reason and any review rights.

Request a correction

You may ask us to amend information you believe is incorrect or incomplete. We may deny the request in certain circumstances, but we will provide a written explanation, generally within 60 days, and tell you how to submit a statement of disagreement.

Request confidential communications

You may ask us to contact you in a particular way or at a different address. We will accommodate reasonable requests.

Request limits on uses or disclosures

You may ask us not to use or disclose specified PHI for treatment, payment, or health care operations. We are not required to accept every request. If we agree, we will follow the restriction except when disclosure is needed for emergency treatment or otherwise permitted or required by law.

Health-plan restriction after full payment

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

Receive an accounting of disclosures

You may request a list of certain disclosures made during the six years before your request. The accounting excludes disclosures for treatment, payment, and health care operations and certain other disclosures. One accounting in a 12-month period is free; a reasonable, cost-based fee may apply to additional requests.

Receive a paper copy

You may request a paper copy of this notice at any time, even if you previously agreed to receive it electronically.

Choose a personal representative

A person legally authorized to act for you, such as a legal guardian or a person holding an applicable health care power of attorney, may exercise your privacy rights after we verify that authority.

File a complaint

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

Your choices

For certain PHI, you may tell us your preferences. If you cannot tell us your preference, such as when you are unconscious, we may disclose information when we believe it is in your best interest. We may also disclose information when necessary to prevent or lessen a serious and imminent threat.

You may direct us whether to:

- Share relevant information with family members, close friends, caregivers, or others involved in your care or payment for your care.
- Share information with disaster-relief organizations to help notify or locate family or others responsible for your care.

Written authorization and Highlander privacy policies

- Most uses and disclosures of PHI for marketing require your written authorization.
- Highlander does not sell PHI.
- Highlander does not use PHI to contact you for fundraising and does not send fundraising communications.

HIPAA generally requires written authorization for most uses and disclosures of psychotherapy notes. Highlander does not create or maintain psychotherapy notes as part of its dermatology services.

How we may use and disclose your information

The following are common circumstances in which HIPAA permits or requires us to use or disclose PHI. Other uses or disclosures require your written authorization unless another law permits or requires them.

Treatment

We may use PHI and share it with physicians, advanced practice providers, laboratories, pharmacies, imaging centers, hospitals, and other professionals involved in your care or care coordination.

Payment

We may use and disclose PHI to bill and collect payment from you, an insurer, or another responsible party, and for eligibility, coverage, utilization review, and related payment activities.

Health care operations

We may use and disclose PHI to operate the practice, assess and improve quality, train staff, conduct credentialing and compliance activities, arrange services, communicate when necessary, and support other lawful administrative functions.

Business associates

We may provide PHI to vendors that perform services for us, such as billing, information technology, records storage, analytics, or legal services. We require business associates to safeguard PHI as required by law.

Appointment reminders and health-related communications

We may contact you about appointments, follow-up care, treatment alternatives, care-management services, or health-related benefits and services that may interest you. We use reasonable safeguards when communicating by telephone, voicemail, mail, portal, secure text, or other approved methods.

Public health and safety

We may disclose PHI for authorized public-health activities, including disease prevention, product recalls, adverse-event reporting, and reports of abuse, neglect, or domestic violence. We may also disclose information to prevent or lessen a serious threat to health or safety.

Health oversight

We may disclose PHI to authorized oversight agencies for audits, inspections, licensing, credentialing, investigations, or other activities permitted by law.

Research

We may use or disclose PHI for research when an institutional review board or privacy board approves a waiver, when you authorize the use, or when another legal permission applies.

Required by law

We will disclose PHI when federal, state, or local law requires it, including to the U.S. Department of Health and Human Services when it reviews our compliance.

Organ donation, coroners, and funeral directors

We may disclose PHI to organ-procurement organizations and, after death, to coroners, medical examiners, and funeral directors as authorized by law.

Workers' compensation and government functions

We may disclose PHI for workers' compensation, military and veterans' activities, national security, protective services, correctional institutions, and other specialized government functions when permitted by law.

Law enforcement and legal proceedings

We may disclose PHI to law enforcement or in response to a court or administrative order, subpoena, discovery request, or other lawful process, subject to applicable safeguards and any heightened protections for specially protected records.

More protective laws. We follow Wisconsin and other applicable laws that provide greater privacy protection than HIPAA. Special rules may apply to certain mental health, substance use disorder, HIV, genetic, minor, or other sensitive records. Where a stricter law applies, we will obtain the required permission or meet the law's other conditions before using or disclosing the information.

Our responsibilities

- We are required by law to protect the privacy and security of your PHI.
- We must provide this notice and follow the privacy practices described in the notice currently in effect.
- We will notify affected individuals as required if a breach occurs that may have compromised the privacy or security of PHI.
- We will not use or disclose PHI for a purpose not described in this notice unless you authorize it in writing or the law otherwise permits or requires the use or disclosure.
- You may revoke a written authorization at any time by notifying us in writing. Revocation will not affect actions already taken in reliance on the authorization.

Changes to this notice

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

Questions, requests, and complaints

Privacy contact	Privacy Officer
Practice	Highlander Dermatology LLC d/b/a Highlander Dermatology and Aesthetic Center
Mailing address	16650 W. Bluemound Road, Suite 800, Brookfield, WI 53005
Telephone	262-290-4540
Secure text	262-204-5512 through Klara
Website	HighlanderDermatology.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 telephone at 1-877-696-6775; or online at hhs.gov/hipaa/filing-a-complaint.

We will not retaliate against you for asking a question, exercising a privacy right, or filing a complaint.

Locations covered by this notice

Brookfield - Primary Office	16650 W. Bluemound Road, Suite 800, Brookfield, WI 53005
Franklin - Satellite Office	5600 W. Rawson Avenue, Franklin, WI 53132

This notice is intended to describe Highlander's privacy practices under HIPAA and other applicable law. It does not create rights beyond those provided by law.