



4615 Parliament Drive #204, Alexandria, LA 71303  
216 University Pkwy, Natchitoches, LA 71457  
P: (318) 321-5245 | F: (318) 542-4322

## NOTICE OF PRIVACY PRACTICES

### Dean Derm

Effective Date: 02.24.2026

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.

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### Our Legal Duty

Dean Derm is required by law to maintain the privacy and security of your protected health information ("PHI"). We are also required to provide you with this Notice of Privacy Practices, which explains our legal duties and privacy practices regarding your health information and your rights concerning that information. We will follow the terms of the Notice currently in effect and will notify you if a breach occurs that may have compromised the privacy or security of your information.

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### Who This Notice Applies To

This Notice applies to all providers, staff, and locations of Dean Derm, including our offices in Alexandria and Natchitoches, Louisiana, as well as any future locations and affiliated providers operating under Dean Derm.

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### How We May Use and Disclose Your Protected Health Information

#### Treatment

We may use and disclose your protected health information to provide, coordinate, and manage your medical, dermatologic, cosmetic, and wellness care. This includes communication with physicians, specialists, pharmacies, laboratories, and other healthcare providers involved in your treatment.

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## Payment

We may use and disclose your protected health information to obtain payment for services we provide. This may include sharing information with insurance companies, billing services, or other third-party payers regarding diagnoses, treatments, and procedures performed.

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## Health Care Operations

We may use and disclose your protected health information for healthcare operations necessary to run our medical and cosmetic dermatology practice. This includes quality assessment, staff training, licensing, compliance, auditing, credentialing, and administrative functions. We may also share your information with business associates who perform services on our behalf, such as electronic medical record providers (including ModMed/Modernizing Medicine), billing companies, IT support, and consultants. All business associates are contractually required to safeguard your protected health information.

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## Electronic Health Records and Communications

Dean Derm maintains protected health information in electronic and/or paper records, including through electronic medical record systems such as ModMed (Modernizing Medicine). We may communicate with you via phone calls, text messages, email, patient portal, or other electronic methods regarding appointments, treatment, billing, telehealth visits, and other healthcare-related services. While we use reasonable safeguards, electronic communications may carry some level of risk. By providing your contact information, you consent to these communications unless you request alternative communication methods.

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## Telehealth Services

Dean Derm offers telehealth services using secure electronic platforms. During telehealth visits, your protected health information may be transmitted electronically. We take reasonable steps to protect the privacy and security of telehealth communications in accordance with applicable federal and state laws.

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## Appointment Reminders

We may contact you by phone, text message, voicemail, email, patient portal, or mail to provide appointment reminders, follow-up care instructions, and care coordination.

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## Treatment Alternatives and Health-Related Services

We may use and disclose your protected health information to inform you about treatment options, dermatologic services, cosmetic procedures, wellness services, and health-related benefits that may be of interest to you. You may opt out of non-essential communications at any time.

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## Marketing Communications

Dean Derm may use your contact information to communicate with you about services, promotions, cosmetic treatments, events, specials, and offerings provided by our practice. We will obtain your authorization when required by law for marketing communications involving your protected health information, and you may opt out of marketing communications at any time.

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## Photography, Before & After Images, and Social Media

Dean Derm may take clinical photographs and before-and-after images for treatment documentation, medical records, and care planning purposes. These images are considered part of your protected health information and are securely maintained in your medical record. If you choose to authorize the use of your photographs for marketing, educational, website, or social media purposes, we will obtain a separate written photo and media consent prior to any use. Refusal to authorize photography for marketing will not affect your treatment, payment, or eligibility for services. You may revoke your photo authorization in writing at any time; however, revocation will not apply to materials already published or distributed in reliance on prior authorization.

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## Cosmetic and Self-Pay Services

Some services provided by Dean Derm, including cosmetic, aesthetic, and elective procedures, may be self-pay and not billed to insurance. If you pay out-of-pocket in full for a service and request



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that we not disclose related information to your health plan, we will honor that request unless disclosure is required by law.

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### **Individuals Involved in Your Care**

We may disclose your protected health information to a family member, friend, or other person you identify as involved in your care or payment for your care, unless you object.

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### **Research**

We may use and disclose your protected health information for research purposes when approved by an Institutional Review Board and when appropriate privacy safeguards are in place. We may also use or disclose de-identified information that cannot reasonably identify you.

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### **As Required by Law**

We will disclose your protected health information when required to do so by federal, state, or local law.

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### **Public Health and Safety**

We may disclose your protected health information to public health authorities authorized to collect information for the purpose of preventing or controlling disease, injury, or disability, or to avert a serious threat to health or safety.

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### **Workers' Compensation**

We may disclose your protected health information as authorized by laws relating to workers' compensation or similar programs.

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## Law Enforcement, Inmates, and Government Requests

We may disclose protected health information to law enforcement officials, correctional institutions, or authorized government agencies when permitted or required by law.

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## Uses and Disclosures Requiring Your Written Authorization

The following uses and disclosures will only be made with your written authorization:

- Use of identifiable photographs for marketing, website, or social media
- Marketing uses that require authorization under HIPAA
- Sale of protected health information
- Any other uses and disclosures not described in this Notice

You may revoke your authorization at any time in writing, except to the extent that we have already relied on it.

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## Your Rights Regarding Your Health Information

### Right to Access and Obtain Copies

You have the right to inspect and obtain a copy of your protected health information in paper or electronic format, including medical and billing records maintained by Dean Derm. Requests must be submitted in writing to our Privacy Officer. We may charge a reasonable, cost-based fee permitted by law.

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### Right to Request Amendments

You have the right to request an amendment to your medical record if you believe the information is incorrect or incomplete. Requests must be made in writing and include a reason supporting the amendment.

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### Right to Request Restrictions



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You have the right to request restrictions on certain uses or disclosures of your protected health information for treatment, payment, or healthcare operations. While we are not required to agree to all requests, we will comply with reasonable requests when possible. If you pay out-of-pocket in full for a service, you may request that we not disclose that information to your health plan, and we will honor that request unless required by law.

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### **Right to Request Confidential Communications**

You have the right to request that we communicate with you in a specific way or at a specific location to protect your privacy. We will accommodate all reasonable requests.

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### **Right to an Accounting of Disclosures**

You have the right to request a list of certain disclosures of your protected health information made by Dean Derm for purposes other than treatment, payment, or healthcare operations, for up to six years prior to the request.

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### **Right to Receive a Paper Copy of This Notice**

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

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### **Breach Notification**

Dean Derm is required by law to notify you if a breach occurs that may have compromised the privacy or security of your protected health information.

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### **Changes to This Notice**



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Dean Derm reserves the right to change the terms of this Notice at any time. Any revised Notice will apply to all protected health information we maintain and will be available in our offices and on our website.

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### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at Dean Derm or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

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### **Contact Information**

Privacy Officer  
Dean Derm  
Phone: (318) 321-5245