ICON

DERMATOLOGY & AESTHETICS

NOTICE OF PRIVACY PRACTICES

Effective Date: September 1, 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.

ICON Dermatology & Aesthetics ("ICON," "we," "our," or "us") is committed to protecting the privacy and security of your health information. This Notice describes how we may use and disclose your protected health information ("PHI"), your rights regarding your health information, and our responsibilities under federal law and applicable Maryland law.

YOUR RIGHTS

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

Get an electronic or paper copy of your medical record

You may ask in writing to inspect or obtain an electronic or paper copy of your medical record and other health information we maintain about you. You may choose which portions of the record you want copied and may ask for information about the anticipated cost.

We generally will provide access, a copy, or an agreed summary within 30 days of your request, or sooner when required by law. We may charge only a reasonable, cost-based fee permitted by HIPAA and Maryland law. Special fee limits and fee waivers may apply, including for certain Social Security disability matters and records of Maryland Medical Assistance participants.

Ask us to correct or supplement your medical record

You may ask us in writing to correct or add to health information that you believe is incorrect or incomplete. Information may not be deleted from a Maryland medical record. We may deny your request in certain circumstances, but if we do, we will provide a written explanation and describe any available review procedure.

If our final decision is not to make the requested change, you may submit a concise written statement explaining why you disagree, which will be added to your medical record. When required by law, we will provide notice of a correction or statement of disagreement to persons you designate and to persons who received the inaccurate, incomplete, or disputed information during the preceding six months.

Request confidential communications

You may ask us to contact you in a specific way - for example, only on your mobile phone - or to send correspondence to a different address. We will accommodate reasonable requests.

Ask us to limit what we use or disclose

You may ask us not to use or disclose certain health information for treatment, payment, or healthcare operations. We generally are not required to agree to your request.

However, if you pay for a healthcare service or item entirely out of pocket, you may ask us not to disclose information about that service or item to your health plan for payment or healthcare operations. We will honor that request unless disclosure is required by law. If we agree to another restriction, we may still disclose the information if necessary to provide emergency treatment.

Get a list of certain disclosures

You may request an accounting of certain disclosures of your health information made during the six years before the date of your request. The accounting generally will not include disclosures made for treatment, payment, or healthcare operations or certain other disclosures permitted by law.

We will provide one accounting during any 12-month period without charge. We may charge a reasonable, cost-based fee for additional requests during that period after informing you of the cost and giving you an opportunity to withdraw or modify the request.

Get a copy of this Notice

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

Choose someone to act for you

If you have given someone medical power of attorney, if someone is your legal guardian, or if another person otherwise has legal authority to act on your behalf, that person may exercise your rights and make choices about your health information as permitted by law. We will verify that the person has appropriate authority before taking action.

File a complaint

If you believe your privacy rights have been violated, you may file a complaint with us using the contact information at the end of this Notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services through the Office for Civil Rights. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you may tell us your preferences regarding what we disclose.

You may tell us your preferences regarding whether we:

- Share information with family members, close friends, or others involved in your care or payment for your care
- Share information in a disaster-relief situation
- Include limited information in a facility directory, if we maintain one
- Contact you regarding fundraising activities, if applicable. You may opt out of fundraising communications.

If you are unable to tell us your preference - for example, because you are unconscious - we may disclose information when we believe it is in your best interest and the disclosure is permitted by law. We may also disclose information when necessary to lessen a serious and imminent threat to health or safety.

Marketing, psychotherapy notes, and sale of medical records

We will obtain your written authorization before using or disclosing PHI for most marketing purposes or using or disclosing psychotherapy notes, when applicable, except as otherwise permitted by law. Maryland law generally prohibits the sale, rental, or barter of medical records. This prohibition does not prevent a lawful transfer of records associated with a transfer of ownership of a healthcare practice.

Other uses and disclosures not described in this Notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent that we have already relied upon it or as otherwise provided by law.

HOW WE TYPICALLY USE AND DISCLOSE YOUR HEALTH INFORMATION

To treat you

We may use your health information and disclose it to physicians and other healthcare professionals involved in your care. Example: We may send information to another physician to whom we refer you or communicate with your primary-care physician regarding your treatment.

To run our practice

We may use and disclose your health information to operate our practice, improve the quality of care we provide, train staff, conduct quality assessment activities, and contact you when necessary. Example: We may review patient records to evaluate treatment outcomes and improve our clinical services.

To bill for your services

We may use and disclose your health information to obtain payment from health plans or other responsible parties. Example: We may provide information regarding a dermatology visit to your health insurance company so that it can process your claim.

Appointment reminders and treatment alternatives

We may contact you with appointment reminders and may tell you about treatment alternatives, health-related benefits, products, or services that may be of interest to you, as permitted by law.

Business associates

We may disclose PHI to vendors and other business associates that perform services for us, such as billing, technology, records storage, or practice support. When required, we enter into agreements requiring them to safeguard PHI.

OTHER WAYS WE MAY USE OR DISCLOSE YOUR INFORMATION

We may use or disclose your health information without your written authorization when permitted or required by law. We disclose only the information permitted by applicable federal and Maryland law. Examples include:

Public health and safety

We may disclose health information for authorized public-health activities, including preventing or controlling disease; reporting adverse reactions to medications or products; assisting with product recalls; reporting suspected abuse, neglect, or domestic violence when permitted or required; and preventing or reducing a serious threat to someone's health or safety.

Health oversight

We may disclose information to authorized health-oversight agencies for activities permitted by law, such as audits, inspections, investigations, and licensure proceedings.

Research

We may use or disclose health information for research when the research has been approved through an appropriate review process or another legal basis for the use or disclosure applies.

Legal proceedings and compulsory process

We may disclose medical information in response to a court or administrative order, subpoena, summons, warrant, discovery request, or other compulsory legal process only after the requirements of HIPAA and applicable Maryland law have been satisfied. When Maryland law requires it, the person seeking the records must provide the patient or other person in interest with advance notice and an opportunity to object, or must provide a court order expressly authorizing disclosure. Special limitations may apply to mental-health, substance-use-disorder, HIV-related, reproductive-health, and other sensitive records.

Law enforcement

We may disclose health information for certain law-enforcement purposes only when permitted or required by law and after all applicable conditions have been satisfied.

Coroners, medical examiners, and funeral directors

We may disclose health information to coroners, medical examiners, and funeral directors when permitted by law.

Organ and tissue donation

We may disclose health information to organizations involved in organ, eye, or tissue donation and transplantation as permitted by law.

Workers' compensation

We may disclose health information as authorized by and to the extent necessary to comply with workers' compensation or similar laws.

Government functions

We may disclose health information for certain specialized government functions as permitted by law, including military, national-security, protective-service, correctional-institution, and government-benefit activities.

Required by law

We will disclose information when federal or Maryland law requires us to do so. When Maryland or another applicable law provides greater privacy protection than HIPAA, we will follow the more protective law.

SPECIAL PROTECTIONS UNDER MARYLAND AND FEDERAL LAW

Maryland authorization requirements

When Maryland law applies, an authorization to disclose medical records generally must be written, dated, and signed; identify the healthcare provider and the person or entity receiving the information; and state how long it will remain valid. Except in circumstances specifically permitted by law, an authorization may not remain valid for more than one year.

An authorization generally covers records developed by ICON and will cover records received from another provider only when the authorization specifically permits their disclosure and the other provider has not prohibited redisclosure. A written revocation becomes effective when we receive it and does not affect disclosures already made in reliance on the authorization.

Redisclosure of Maryland medical records

Maryland law generally prohibits a person who receives a medical record from redisclosing it unless the patient or another authorized person permits the redisclosure or another provision of law specifically authorizes it.

Health information concerning minors

Parents and legal guardians generally act as personal representatives of minor patients. However, Maryland law permits minors to consent independently to certain healthcare services and provides special confidentiality protections in some circumstances. When a minor has legal authority to consent to care, the minor may also control access to information concerning that care to the extent provided by Maryland and federal law.

Information concerning an abortion will not be disclosed to a parent, guardian, custodian, or spouse of a parent without the minor's authorization, except when disclosure is otherwise specifically required by law.

Sensitive health information

Certain categories of information, including mental-health, HIV-related, genetic, reproductive-health, and substance-use-disorder information, may receive additional protection under federal or Maryland law. If we create, receive, or maintain such information, we will obtain any special authorization required and will use or disclose the information only as permitted by applicable law.

Health information exchanges and sensitive health services

If we participate in a health information exchange or electronic health network, information will be shared and protected as permitted by applicable law. Maryland imposes special restrictions on certain exchange-based disclosures involving mifepristone, abortion care, and other designated sensitive health services. We will follow those restrictions and any applicable patient consent requirements.

SUBSTANCE USE DISORDER RECORDS

Certain records relating to substance use disorder treatment may receive additional protection under federal law, including 42 C.F.R. Part 2. If we receive or maintain records protected by Part 2, we will use and disclose those records only as permitted by applicable law.

Substance-use-disorder treatment records received from a program subject to 42 C.F.R. Part 2, or testimony describing the contents of those records, will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the patient unless the use or disclosure is based on the patient's written consent or a qualifying court order entered after the patient or holder of the records has received notice and an opportunity to be heard. A court order authorizing the use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure.

If we create or maintain Part 2 records and intend to use or disclose them for fundraising for our benefit, you will first receive a clear and conspicuous opportunity to elect not to receive fundraising communications.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your protected health information
- Provide you with this Notice explaining our legal duties and privacy practices
- Follow the duties and privacy practices described in the Notice currently in effect
- Notify affected individuals following a breach of unsecured protected health information, as required by law.

We will not use or disclose your information other than as described in this Notice unless you authorize us to do so in writing or another use or disclosure is permitted or required by law.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and our privacy practices. Changes may apply to all health information 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 office, and prominently on our website.

QUESTIONS OR PRIVACY COMPLAINTS

If you have questions about this Notice, wish to exercise your privacy rights, or wish to file a privacy complaint, please contact:

ICON PRIVACY CONTACT

Nora Belt
ICON Dermatology & Aesthetics
11300 Rockville Pike, Suite 911
North Bethesda, MD 20852

Telephone: 301-810-3600
Email: nbelt@icondermatology.com

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
Complaint portal: www.hhs.gov/ocr/complaints

We will not retaliate against you for exercising your privacy rights or filing a complaint.

Effective Date: September 1, 2026