NOTICE OF PRIVACY PRACTICES

Vishal Thanik, MD and Katie Weichman, MD · Effective date: 8/1/2026

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.

This Notice applies to the medical practice of Vishal Thanik, MD and Katie Weichman, MD, and its staff ("we" or "the Practice"). We are required by law to maintain the privacy of your health information, to give you this Notice of our legal duties and privacy practices, to follow the terms of the Notice currently in effect, and to notify you if a breach compromises the privacy or security of your information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

For treatment. We use your health information to provide your care, and we may share it with other professionals involved in your care. For example, we may share your records, imaging, and operative history with your breast surgeon, oncologist, anesthesiologist, or other physicians coordinating your treatment.

For payment. We may use and share your health information to bill for our services and to obtain payment, including submitting claims to your health plan when you have asked us to, responding to your plan's requests for supporting records, and pursuing appeals. Our financial policy describes how out-of-network billing works at the Practice.

For health care operations. We may use your health information to run the Practice and improve your care. Examples include quality review, tracking clinical outcomes over the course of your recovery, training, scheduling, and business planning.

To communicate with you. We may contact you for appointment reminders, follow-up on your care, and billing matters, using the communication methods you have authorized in your communication preferences.

With people involved in your care. We may share relevant information with a family member, friend, or other person you have identified as involved in your care or in payment for your care, consistent with the choices you have given us.

With our business associates. We work with service providers such as our electronic medical record vendor, billing support, and information technology providers. They may handle your information only under written contracts that require them to safeguard it as the law requires.

When required or permitted by law. We may use or disclose your health information without your authorization in limited situations defined by law, including: when required by federal, state, or local law; for public health activities such as reporting to health authorities and reporting adverse events involving drugs or devices; for health oversight activities such as audits and licensure; in response to a court order, subpoena, or other lawful process; to law enforcement in limited circumstances; to medical examiners or funeral directors; to avert a serious and imminent threat to health or safety; for workers' compensation claims; and for specialized government functions. We will disclose only what the law requires or permits.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will not use or disclose your health information for the following purposes unless you give us written authorization, which you may revoke at any time in writing (except to the extent we have already acted on it):

- Marketing purposes, and any sale of your health information. We do not sell health information.
- Use of your photographs, videos, or 3D images for education, publication, our website, or social media. These uses are governed by our separate Photography, Video, and 3D Imaging Authorization, and only the uses you have specifically initialed are permitted.
- Disclosure of psychotherapy notes, in the rare event any exist in your record.

New York law provides additional protection for certain categories of information, including HIV-related information, mental health information, alcohol and substance use treatment records, and genetic testing information. We disclose these categories only with the specific authorization the law requires or as the law otherwise permits.

YOUR RIGHTS

See and get copies of your records. You may inspect and receive a copy of your health information, in electronic form if you prefer and we can readily produce it, usually within 30 days of your request. We may charge a reasonable, cost-based fee as permitted by law, and you will not be denied a copy of your records solely because you are unable to pay.

Restrict disclosures to your health plan when you pay in full. If you pay for a service in full out of pocket, you may require us not to disclose information about that service to your health plan for payment or operations purposes, and we must honor that restriction.

Ask us to correct your records. You may ask us in writing to amend health information you believe is incorrect or incomplete. We may decline in certain circumstances, and if we do, we will tell you why in writing and how you may respond.

Request other restrictions. You may ask us to limit how we use or share your information for treatment, payment, or operations. Apart from the paid-in-full restriction above, we are not required to agree, but if we do agree, we will honor the restriction except in an emergency.

Request confidential communications. You may ask us to contact you in a specific way or at a specific location, for example only at a particular phone number or address, and we will accommodate reasonable requests.

Get a list of certain disclosures. You may request an accounting of certain disclosures we have made of your health information in the six years before your request, excluding disclosures for treatment, payment, operations, and certain others. One accounting per 12-month period is free.

Choose someone to act for you. If someone is your legal guardian or holds a health care power of attorney for you, that person may exercise your rights and make choices about your health information, once we confirm their authority.

Get a copy of this Notice. You may ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically. It is also available at our front desk and on our website.

CHANGES TO THIS NOTICE

We may change this Notice, and the changes will apply to information we already hold as well as information we receive in the future. The current Notice will always be posted at our office and on our website, with its effective date, and you may request a copy at any time.

QUESTIONS AND COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, please contact our Privacy Officer:

Privacy Officer: Katie Weichman, MD Phone: 646-435-4280

Vishal Thanik, MD and Katie Weichman, MD, 125 East 69th Street, New York, NY 10021

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by mail, by phone at 1-800-368-1019, or online at www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you in any way for filing a complaint.