

Forest Dermatology P.A.

Notice of Patient Information Practices

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

Forest Dermatology has a legal responsibility to protect the privacy of your personal health information (**PHI**). In addition, we are required by law to provide you with this notice, and to follow the information practices that are described herein.

Uses and Disclosures of Health Information

Generally, personal health information consists of all information collected in the course of a patient's treatment in our office, including office notes generated by our physician and staff; lab and surgery reports; information provided to us by referring physicians; and financial information provided by you to facilitate insurance reimbursement. **Forest Dermatology** uses your personal health information to organize treatment, to obtain reimbursement for treatment, to conduct administrative activities, or to evaluate the quality of care that we provide. For example, **Forest Dermatology** may use your **PHI** to provide you with a reminder of your appointment, or send a copy of your record to another physician from whom a second opinion has been requested.

In nearly every situation, **Forest Dermatology's** policy is to obtain your written authorization prior to disclosing your **PHI**. You will be asked to provide us with a list of persons whom you authorize to obtain your **PHI**, such as your spouse or child or close friend. Be aware that any authorization you provide can be revoked by you at any time. Under certain circumstances, **Forest Dermatology** may be required to disclose your **PHI** as mandated by law, with or without prior authorization.

You are entitled to the updates of **Forest Dermatology's** privacy policy as revisions are made.

Patient's Individual Rights

You have the right to review or obtain a copy of your **PHI**. You have the right to request that we correct or amend any inaccurate or incomplete information in your records. You have the right to request a list of instances where we have disclosed your **PHI**.

You may also request in writing that we not use or disclose your **PHI** for treatment, payment, or administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. While **Forest Dermatology** is not legally required to honor all requests, please be assured that each request will be considered on a case-by-case basis.

In the event that the patient is a minor, the legal guardian will be asked to provide consent for the use of the patient's **PHI**.

Concerns and Complaints

If you are concerned that **Forest Dermatology** may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your **PHI**, or for further information regarding **Forest Dermatology's** health information practices, please contact our practice administrator at the address listed below. You may also send a written complaint to the US Department of Health and Human Services.

Carroll Ann Wykoff, RN, BSN, LNC
Clinical Director
Forest Dermatology P.A.
1119 Hendersonville Road, Suite 200
Asheville, NC 28803