

## **Forest Medical Spa**

### 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 Medical Spa** 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 Medical Spa** 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 Medical Spa** 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 Medical Spa'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 Medical Spa** may be required to disclose your **PHI** as mandated by law, with or without prior authorization.

You are entitled to the updates of **Forest Medical Spa'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 Medical Spa** 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 Medical Spa** 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 Medical Spa'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  
Forest Medical Spa  
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