

**SOUTHWEST DERMATOLOGY**

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Southwest Dermatology understands the importance of keeping your personal and health information private. We are required by state and federal law to adhere to these guidelines.

Below you will find a condensed version of your rights as a patient, and our rights as a practice. For a more detailed explanation of the Health Insurance Portability and Accountability Act (HIPAA), our office has a copy for your convenience.

Both under law, and our policy, we:

- Protect your privacy by limiting who may see your PHI (private health information)
  - Limit how we may use or disclose you PHI
  - Inform you of our legal duties with respect to your PHI
- Explain our privacy policies

Southwest Dermatology may disclose your personal/health information for:

- Treatment
- Payment
- Overseeing your health care operations regarding evaluation and clinical outcome
- As required by law, i.e., court summons
- Insurance

Your rights as a patient:

- You have a right to review your medical records
- You have a right to request copies of your medical records. You must sign a written authorization notifying our practice of release of information. We have the right to charge you a copy fee.
- You have the right to know who we are giving medical information to.
- You have the right to request that we not release any information without your approval.
- You have the right to request that we amend your medical information. It must be in writing, and you must explain why the information should be amended.

This is a summary of the new HIPAA law. Our office can amend this policy at any time. We would like you to sign this disclosure, knowing you have read and understood the contents. The detailed version is available upon request by this office.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not the patient, please specify your relationship to the patient:

\_\_\_\_\_  
I give my permission to Southwest Dermatology to release any medical information to:

\_\_\_\_\_  
(relationship)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_