

**SPECTRUM DERMATOLOGY**  
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SCOTTSDALE, AZ 85260

**NOTICE OF PRIVACY PRACTICES**

**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.**

Protected health information, about you, is obtained as a record of your contacts or visits for healthcare services with SPECTRUM DERMATOLOGY. This information is called protected health information. Specifically, "Protected Health Information" is information about you, including demographic information (i.e., name, address, phone, etc.) that may identify you and relates to your past, present or future physical or mental health condition and related health care services.

SPECTRUM DERMATOLOGY is required to follow specific rules on maintaining the confidentiality of your protected health information, how our staff uses your information, and how we disclose or share this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your protected health information. It also describes how we follow those rules and use and disclose your protected health information to provide your treatment, obtain payment for services you receive, manage our health care operations and for other purposes that are permitted or required by law.

**If you have any questions about this Notice please contact our Privacy Manager at  
(480) 948-8400**

**Your Rights Under The Privacy Rule**

Following is a statement of your rights, under the Privacy Rule, in reference to your protected health information. Please feel free to discuss any questions with our staff.

***You have the right to receive and we are required to provide you with a copy of this Notice of Privacy Practices-*** We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. If needed, new versions of this notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment.

***You have the right to authorize other use and disclosure-*** This means you have the right to authorize or deny any other use or disclosure of protected health information not specified in this notice. You may revoke an authorization, at any time, in writing, except to the extent that your physician or our office has taken an action in reliance on the use or disclosure indicated in the authorization.





victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

***To The Food and Drug Administration-*** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse