

## PRIVACY CONSENT FORM

**This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.**

The privacy of your medical information is important to us. You may be aware that U.S. government regulations established privacy rules ("HIPPA") governing protected health information ("PHI"). This notice tell you about how it may be used, and about certain rights you have. Sarah Noel is solely in charge of privacy matters. She may be contacted at 646-295-4891 if you desire further information, or have questions or concerns.

### Used and disclosure of PHI:

Federal law provides that we may use your PHI for treatment of you, without further specific notice to you, or written authorization by you, such as obtaining data from or providing data to primary or consulting physicians and diagnostic facilities to whom you may have been referred by us or other providers. This is subject to more stringent New York laws, such as restriction on disclosure of PHI concerning HIV/AIDS. Federal law provides that we may use your PHI to obtain payment for our services without specific further notice to you, or written authorization by you, such as providing your health plan, Workmen's Compensation Board, or other payers, with diagnosis codes and description of services rendered. Federal law provides that we may use your PHI for health care operations without further specific notice to you, or written authorization by you, such as financial services, quality assurance, risk reduction, claims management with our medical professional liability insured, and disability documentation.

We may disclose your PHI, without further notice to or specific authorization by you, where:

1. required by insurance carrier for billing and reporting purposes.
2. required by law.
3. required by public health purposes.
4. required by law to report a child abuse.
5. where required by a health oversight agency oversight activities authorized by law, such as the Dept of Health, Office of Professional Medical Conduct.
6. required by law in judicial or administrative proceedings.
7. required by law enforcement purposes by a law enforcement official
8. required by a coroner or medical examiner.
9. permitted by law to avert a serious threat to health or safety.
10. permitted by law and required by military authorities if you are a member of the armed forces of the United States.

New York State law provides additional protection for information guarding HIV/AIDS, and we will continue to follow NY State law in that regard. We may contact you by phone or mail, at your residence, to remind you of appointments or to provide information about treatment. Unless you instruct otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence. You can make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential manner. Space is provided for this below. If we deem it necessary, we may try to contact you at your place of business, when other methods of contact have failed.

### Rights that you have:

You have the right to request restrictions on certain of the uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions. You have the right to request amendments to your medical information. Such requests must be in writing and must slate the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will notify you further of your rights. You have the right to request an accounting of any disclosures we make of your PHI, except for disclosures we make to you, or to carry out treatment, payment, or health care operations, or as requested by your written authorization, or as permitted or required under 45 CFR & 164.502 or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law or to correctional facilities or law enforcement offices as permitted by law, or for research or public health purposes after being de-identified or limited to remove personally identifiable information or disclosures made before April 14, 2003. If you have received this notice electronically, you have the right to obtain a paper copy at our office.

### Obligations that we have:

We are required by law to maintain the privacy of PHI and to provide individuals with notice of our legal duties and privacy practices. We are required to abide by the terms of this notice as long as it is currently in effect. We reserve the right to revise this notice, and to make a new notice effective for all files we maintain. Any revised notice will be posted in our office, and copies will be available there. If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. You may also file a complaint with our office. No retaliatory action will be taken for any complaint you make.

**CANCELLATION POLICY: A charge will be applied for appointments broken unless a 24-hour notice is given.**

I have received and read a copy of this notice and I hereby authorize the use and disclosure of my health information as described in this form.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date