

**MIDTOWN ALLERGY & ARTHRITIS CARE P.C.**

**NOTICE OF PRIVACY PRACTICES**  
**PATIENT ACKNOWLEDGEMENT**

**Patient Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_

**I have received this practice's Notice of Privacy Practices written in plain language, the notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.**

**I understand that this practice reserves the right to change the Terms of its Notice of Privacy Practice, to make changes regarding protected health information, resident at, or controlled by this practice.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_  
(Below 18 years of age)

# NOTICE OF PRIVACY PRACTICES

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## MIDTOWN ALLERGY & ARTHRITIS CARE P.C.

### **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**

The Health Insurance and Portability Act of 1996 (HIPPA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by using any form whether electronically, on paper, or orally are kept properly confidential. This act gives you, the patient significant new rights to understand and control how your health information is used. "HIPPA" provide penalties for covered entities that misuse personal information. As required by "HIPPA", we have prepared this explanation on how we required maintaining the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes, treatment, payment and health care operation.

Treatment means providing coordinating or managing health care and related services by one or more health care providers. Examples of this would include physical examination, office visits and treatment.

- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment
- Health care operation includes the business aspect of running our practice, such as conduction quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer.

- The right to request restriction on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friend, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable request to receive confidential communications of protected health information from us by alternative mean or at alternative locations
- The right to inspect and copy your protected health information.
- The right to request or amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of Jan. 1, 2008, and we are required to abide by the forms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice from this office.

You have the recourse if you feel that your privacy protection has been violated. You have the right to file written complaint with our office, with the Dept. of Health & Human Services, Office of Civil Right and violations of the provision of this notice or the policies and procedure of our office.

For more information about HIPPA contact The U.S. Dept. of Health & Human Services

Office of Civil Rights  
200 Independence Ave. S.W.  
Washington, DC 20201  
Tel: 1 -877-696-6775