Midtown Neurology and Aesthetics

133 East 58th Street, Suite 401, New York, NY 10022

212-759-5596

The Health Insurance Portability and Accountability act of 1996 (“HIPAA”) requires that, effective April 14, 2003, we provide you a printed copy of Notice of Privacy Practices. For your convenience, we are providing this brief summary. A copy of our full Notice is available, which we encourage you to read in its entirety. We are required to ask you to sign a one-time acknowledgment that you have received this information. A copy of the full Notice is available upon request.

**Use of Protected Health Information:**

* Conversations that you’ve had with your doctor and health information that your healthcare provider puts in your medical record, as well as your billing information, is protected under this law.
* You may see and get a copy of your health record, as well as decide if you want to give permission to have your information shared for certain purposes.
* To make sure that your information is protected in a way that does not interfere with your medical care, we are permitted to use your protected health information and electronic prescribing records for treatment purposes and care coordination, with family or others you identify as those involved in your care, to protect the public health such as reporting flu in our area, to make required reports to the police such as gunshot wounds, for payment and to conduct our business and evaluate the quality and efficiency of our processes.
* We are not allowed to release your information without your permission to your employer or share private notes about your mental health.
* Also, we are permitted to disclose protected health information under specific circumstances to other entities. We have put into place safeguards to protect the privacy of your health information. However, there may be incidental disclosures of limited information, such as overhearing a conversation, that occur in the course of authorized communications, routine treatment, payment, or the operations of our practice. HIPAA recognizes that such disclosures may be extremely difficult to avoid entirely, and considers them permissible.

**Restrictions To Use And Disclosure:**

* You may request restrictions to the use or disclosure of your protected health information, but we are not required by HIPAA to agree to such requests. However, if we do agree, only the minimum amount of such information will be used to accomplish the intended goal.

**Amendments To Medical Records:**

* You may request in writing that corrections be made to your medical records. We will either accept the amendments, or deny your request with an explanation. Your objections will be noted in your medical records.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that **Midtown Neurology and Aesthetics**, has provided a written copy of Notice of Privacy Practices to me.

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**I give the office consent to download my prescription medication history for electronic prescribing.**

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_