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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you may obtain access to this information.

DocCare has always recognized the importance of privacy; this new federal law formalizes practices that have been followed routinely.

Background: In 1996, Congress recognized the need for national patient privacy standards and, as part of the Health Insurance Portability and Accountability Act, abbreviated as HIPAA, ordered that a set of rules be established to control how health information is used and disclosed, as maintained by doctors, hospitals, and health plans. Health information is considered sensitive and personal, and the law establishes consumer protection and limits the sharing of such information, as do similar protections already enacted for bank account, credit cards, and even video rentals.

- By law, consent is not required to discuss your medical treatment with your other doctors or health care providers. This allows, also, for a prescription to be called into your pharmacy and for scheduling of surgery in a hospital.
- Additionally, consent is not required in the course of carrying out health care operations, such as quality assessment, or in communication with your insurance carrier for payment related issues, or for incidental used, such as announcing a name in the waiting room or the use of sign-in sheets at the front desk. Also, we may release your medical information to a friend or family member if that person is involved in or is assisting in your care.
- Our practice will use and disclose your health information when we are required to do so by federal, state or local law. Our practice may disclose your health information to public health officials who are authorized by law to collect such information. Examples of such information are reports of child abuse or neglect, or reports of certain communicable diseases. Our practice will release you health information to law enforcement officials if we are required to do so by law.
- However, this office has always gone one step further in protecting you and does not believe in releasing specific information about you to any business or government entity without your written consent.
- Specific authorization is required to disclose protected information in non-routine circumstances, such as to your employer or for use in marketing a product to you.
- Medical information about you may be released for research and public health uses, as long as you are not individually identified.
- You are guaranteed access to review your medical records, and you may amend the record if you believe it to be incomplete or inaccurate. Such a request must be in writing to the Administrator and could be declined for certain specific reasons.
- You have the right to review when and to whom you information is released.
- You may suggest additional restrictions with regard to certain uses of disclosures, if you wish.
- Portions of this notice may be modified, as long as you are notified.
- Should you believe that your privacy rights have been compromised, you may report the violation, without penalty to you, to this office or to the Secretary of Health.
- The law requires that we make a good faith effort to obtain written acknowledgement of receipt of this notice for new patients, except in an emergency situation.

I, _____, have read and understand the contents of this document.

 Signature of Patient or Legal Guardian

 Name/Relationship to Patient

 Date