

PARK AVE SMILES  
169 PARK AVE SMILE  
YONKERS NY 10705  
(914)965-3864

### PATIENT HIPAA FORM

**NATIONAL SECURITY:** we may disclose to military authorities the health information of armed forces personal under certain circumstances. We may disclosure to authorized federal official health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclosure to correctional institution or law enforcement official having lawful custody of protested health information of intimate or patient under certain circumstances.

**APPOINTMENT REMINDERS:** we may use or disclose your health information to provide you with appointment reminders (such as voice mail messages, postcards, or letters)

#### **PATIENT RIGHTS**

**ACCESS:** you have the right to look at or get copies of your health information, with the limited exceptions. You may request that we provide copies in a format other than photocopies, we will use the format that you request unless we cannot practicably do so. We will charge you a reasonable cost based fee for expenses such as copies and staff time. If you request copies we will charge you **\$25** for staff time to locate and copy your health information and postage if you want the copies mailed to you. if you request an alternative format, we will charge a cost- based fee or providing your health information.

**DISCLOSURE ACCOUNTING:** you have the right to revive a list of instances in which we or our business associates disclosed your health information for proposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in 12 months period we may charge you a resalable cost based fee for responding to these additional requests.

**RESTRICTION:** you have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not require to agree to this additional restrictions, but if we do, we will abide to our agreement (except in an emergency)

**ALTERNATIVE COMMUNICATION:** you have the rights to request that we communicate with you about your health information by alternative means or to alternative locations (you must make your request in writing) your request must specify alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location your request.

**AMENDMENT:** you have the rights to request that we amend your health information. ( your request must be in writing and it must explain why the information should be amended) we may deny your request under certain circumstances.

**ELECTRONIC NOTICE:** If you receive this notice in our web site or by electronic mail( e-mail) you are entitle to receive this notice in written form.

#### **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices ir have questions or concerns, plea se contact us.

If you are concerned that we may have violated your privacy rights, or disagree with a decision we made about access to your health information or to have us communicate with you by alternative means or at alternative locations, you also may submit written complain to the U.S. department of health and Human services. We will provide with the address to file your complaint with the U.S. Department of health and Human services upon request.

We support your righto the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S Department of Health and Human Services.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_