



Dr. Adam Cirlincione

Board Certified
Diplomate, American Board of Podiatric Surgery
Fellow, American College of Foot & Ankle Surgeons

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

EFFECTIVE APRIL 14, 2003

The privacy of your medical information is important to us. You may be aware that U.S government regulators established a privacy rule (“HIPAA”) governing protected health information. This notice tells you about how it may be used, and about certain rights that you have.

The office manager is in charge of any privacy matter at our office. You can contact him/her at 516-609-3338 if you desire further information, or have any concerns.

USE AND DISCLOSURE OF ANY PROTECTED INFORMATION

Federal law provides that we may use your medical information (protected health information) for treatment of you without further notice to you, or written authorization by you. For example, if we refer you to another doctor, we may provide laboratory or test data to that medical doctor.

Federal law provides that we may use your medical information to obtain payment for our services without specific notice to you, or written authorization by you. For example, under your health plan, we are required to provide them with a diagnosis code for your visit and a description of the services rendered.

Federal law provides that we may use your medical information for health care operations without further notice to you, or written notice to you. For example, our accountants may see your name, dates of treatment and procedure codes during audits of our books.

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

- 1.required by law
- 2.required for public health purposes
- 3.required by law to report child abuse
- 4.where required by a health oversight agency for oversight activities authorized by law, such as Department of Health, office of Professional Discipline or Office of Professional Misconduct
- 5.required by law in judicial or administrative proceedings
- 6.required by law enforcement purposes by a law enforcement official
- 7.required by a coroner or medical examiner
- 8.permitted by law to a funeral director
- 9.permitted by law for organ donation purposes
- 10.permitted by law to avert a serious threat to public health or safety
- 11.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 regarding HIV/AIDS. We will continue to follow NY State law with respect to such information.

We may contact you by mail or by phone, at your residence, to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answer the phone at your residence.

29 Glen Cove Avenue, Suite 102
Glen Cove, New York 11542-2831
Phone 516.609.FEET
Fax 516.XXX.XXXX



You can make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential manner. Space for is provided below.

Other uses or disclosures of your medical information will be made only with your written authorization. You have the right to revoke any written authorization that you gave.

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 conditions

You have the right to inspect and obtain copies of your medical information(a reasonable fee will be charged)

You have the right to request amendments to your medical information. Such requests must be in writing, and must state the reason for the request 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 further notify you of your rights.

You have the right to request an accounting of any of the disclosures we make of your medical information, 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 C.F.R. 164.502, or for an emergency or notification purposes, or for national security or intelligence purposes as permitted by law, or to correctional facilities or law enforcement officials 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 from our office.

OBLIGATIONS WE HAVE

We are required by law to maintain the privacy of protected health information and to provide individuals with the 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 protected health information we maintain. Any revised notice will be posted in our office, and copies will be available

If you want to complain about violations of your privacy right, you have the right to file a complaint with Secretary of the Department of Health and Human Services of the United States. You may also File a complaint with us. Complaints should be directed to the doctor.

No retaliatory action will be taken against you for any complaints you make.

I MAKE THE FOLLOING SPECIAL REQUEST FOR CONFIDENTIAL COMMUNICATIONS

I have received a paper copy of this notice

SIGNATURE

PRINTED NAME

DATE