NOTICE OF PRIVACY PRACTICES

We are required by law to protect and maintain the privacy of your health information and provide this Notice about our legal obligations and privacy practices. Moreover, we have an ethical obligation to do so as well.

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your biographical information, test results, diagnosis, treatment and related medical information as well as payment and billing information.

How we use your Patient Health Information: We use your health information insofar as it involves your treatment, administrative and payment purposes, and the evaluation of the quality of care you receive.

We may only disclose information without prior permission for the following purposes:
Within Our Practice: To other health care professionals and administrative personnel within our practice during the normal course of your care and for approved medical research.
Communication: We may contact you by phone for the purpose of confirming appointments or if you have requested to speak with a health professional.
Requirements of Law: We may be required by law to report health information to a law enforcement official or by subpoena or court order, or for the military, national security or government benefits purposes or in order to comply with any State worker's compensation laws.

Other instances where we may need to disclose patient information: in the case of an emergency we may need to disclose information necessary to prevent a serious threat to your health and safety or the health and safety of the public; in the event of death to a coroner or medical examiner or organ bank.

Change of Ownership: In the event that Bernstein Medical, P.C. is sold or merged with another organization, your health information/record will become the property of the new owner.

Individual Rights: You have the right to inspect and obtain copies of your health information; there may be a small charge for these copies. If you believe any health information is incorrect, you have the right to request that we correct the existing information or add missing information. You have the right to request restrictions on certain communications including for example, the use of a special address to receive mail or requesting that we not give a reminder phone call of upcoming appointments. You also have the right to receive a paper copy of this notice to take with you at any time upon request.

While Bernstein Medical, PC reserves the right to amend this notice at any time in the future, such amendment is required to comply with federal and state laws. If you have any complaints or concerns regarding this privacy policy or if you have any questions regarding how your health information has been handled, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201.

If you have any questions, requests, or complaints, please contact:
Privacy Officer - Bernstein Medical, PC, 110 East 55th Street, New York, NY 10022 - Tel: 212.826.2400

I have read the Privacy notice and understand my rights contained therein. By way of signature, I provide Bernstein Medical PC with my authorization to maintain my protected health information records and use that information for the purposes of treatment, payment and health care operations as described in this notice.

_________________________      _______________________
Signature                  Printed Name
_________________________     _______________________
Date