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

Feel free to contact the office at (212) 779-2944 regarding ("HIPPA") if you desire further information, or have any questions or concerns.

**USE AND DISCLOSURE OF PROTECTED INFORMATION**

Federal law provides that we may use your medical information (protected health information) for treatment of you, without further specific notice to you, or written authorization by you. If we refer you to a specialist, we may provide laboratory or test data to that specialist (subject to more stringent New York laws, such as restriction on disclosure of information concerning HIV/AIDS).

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

Federal law provides that we may use your medical information for health care operations without further specific notice to you, or written authorization by you. We may use your information for financial services, quality assurance, risk reduction and claim management purposes with our medical professional liability insurer.

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

1. Required by law.
2. Require 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 the Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct.
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.
10. Permitted by law to avert a serious threat to 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.
12. Permitted by law in an emergency.

New York State provides additional protection for information regarding HIV/AIDS, treatments for Substance & Alcohol abuse, Mental illness or Developmental delay. We will continue to follow the New York State law with respect to such information.

We may contact you by mail or 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 in any answering device or with who answers your phone.
You can make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential manner. Space for this 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 give.

We will never sell or share information for marketing purposes.

**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 restrictions.

You have the right to obtain copies of your medical information electronically or in paper format. (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 requested amendment. We will notify you as to whether agree or disagree with the requested amendment. If we disagree with the requested amendment, we will further notify you of your rights.

You have the right to request an accounting of any 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 for emergency or notification purposes, or national security or intelligence purposes permitted by law, or to correctional facilities or law enforcement officials as permitted by law [or for health or public health purposes after being de-identified or limited to remove personal identifiable information] or disclosures made before April 14, 2003.

You have the right to restrict disclosure of your health information to a healthcare plan if the information pertains solely to an item or service for which you or someone on your behalf has paid in full out of pocket.

**OBLIGATIONS THAT WE HAVE.**

We are required by law to maintain the privacy of protected health information and to provide individuals with 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.

If you want to complain about violations of your privacy rights, you have the right to file a complaint with the secretary of the Department of Health and Human Services of the United States. You may also file a complaint with our office.

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

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<th>Print Name ____________________                        Signature ____________________</th>
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Date__________________________