



753 Franklin Avenue  
Garden City, NY 11530  
Tel: 516-747-2600  
516-373-1516 (24/7)  
Fax 516-747-7444

---

### HIPAA PRIVACY NOTICE

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

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

By the law, consent is not required to discuss your medical treatment with your other doctors or health care providers. This allows also, for prescriptions to be called into your pharmacy.

Additionally, none is needed 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 incidental uses such as announcing a name in a waiting room or the use of sign in sheets.

However, this office has gone one step further in protecting you and does not believe in releasing specific information about you to any business or governmental entity without your written consent. Specific authorization is required to disclose protected information in a nonroutine circumstance, 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 have the right to review when and to whom your information was released. You may suggest additional restrictions with regard to certain 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 the secretary of health.

I, \_\_\_\_\_ acknowledge that I have been provided with the practice privacy notice of Alliance Services For TBI, Inc

Signed \_\_\_\_\_

Date: \_\_\_\_\_