



## Privacy Policy

This notice describes our privacy practices concerning sharing of your personal health information. We protect your confidentiality in accordance with federal and New York state law. Your treatment records with Relief IV are confidential. However, Relief IV may share your information without your prior authorization in the following situations:

**Your treatment.** Relief IV may share your health information to provide, manage, and coordinate your care, including sharing your information with medical providers within Relief IV as well as providers outside of ReliefIV.

**Payment.** Relief IV may share personal information to collect payment for products and services.

**Health care operations.** Relief IV may share your information for the purposes of health care operations, including but not limited to quality assessment and improvement, development of clinical guidelines, management and care coordination, review of provider competence, medical review, auditing, fraud detection, and business management.

In addition to these purposes, you may also authorize release of your information to third-parties by completing and signing the authorization form, available per patient request.

By signing this privacy policy, you agree that ReliefIV may use or disclose your personal health information for the purposes of carrying out treatment, obtaining payment, and health care operations.

Fields marked with an \* are required

Full Name \*

Date \*

\*

\_\_\_\_ I hereby acknowledge that I have received a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this Notice.