

**Kenneth P. Zuckerman M.D.
16300 Sand Canyon Ave # 704 Irvine Ca. 92618**

SUMMARY OF NOTICE OF PRIVACY PRACTICES

We understand that medical information about you and your health is personal. As the custodians of the information on your medical records, we are committed to protecting the privacy of you information as required by law professional accreditation standards and our internal policies and procedures.

Our Notice of Privacy Practices is displayed in our waiting room. This notice explains your rights, our legal duties and our privacy practices. It also describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

For your convenience, the following is a summary of the information discussed in the notice:

- Our Pledge
- Your Personal Information
- Our Privacy Practices
- How We May Use or Share Your Information
- Your Written Permission
- Other Restrictions
- Your Rights
- Changes
- Questions or Complaints

Please understand that this a summary and NOT our Notice of Privacy Practices, nor is it a substitute for the notice. Please contact our office manager if you wish a copy our office notice.

If after reviewing this summary you decide that you do not wish to retain this copy, please return it to the receptionist and we will recycle it.

HIPPA
PATIENT CONSENT FORM

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. The notice contains a Patients Right section describing your rights under the law. You have the right to review our Notice before signing this consent. The terms of our Notice may change. If we make changes, you may obtain a revised copy by contacting our office.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. This Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996. (HIPAA)

The patient understands that:

- Protected health information may be disclosed or used for treatment , payment or health care operations.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the usage of their information, but the Practice does not have to agree to those restrictions as outlined in HIPAA.
- The Practice may condition treatment upon the execution of this Consent.

Consent signed by: _____
Printed and Signed name

Relationship to Patient (if other than patient) _____

Date: _____

Kenneth P. Zuckerman, M.D. 16300 Sand Canyon Ave # 704 Irvine Ca. 92618
(949)753-0112