

Empire Medical Services
149-45 Northern Blvd.,
Flushing, NY 11354
Tel: 718-353-8348 Fax: 718-445-5948

This notice describes how your medical information (a/k/a protected Health information) may be used and disclosed and how you can access to this information. Please review it carefully.

This notice takes effect on April 14, 2003 and remains in affect until we revise

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

This privacy of your medical information is important to us. We understand That your medical information to personal and we are committed to protecting it. The practice will create a record of the care and services that you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the way we may use and share your medical information. We also describe your right and certain duties we have regarding the use and disclosure of medical information.

2. ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your Protected Health Information (PHI) and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your PHI for Treatment, Payment, and Health Care Operations (TPO) when necessary.

3. OUR LEGAL DUTY

Federal & State law requires us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect

We have the right to:

1. Change our privacy practice and the terms of this notice at any time provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of change to Privacy Practices:

Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

I hereby acknowledge that I _____
have received a copy of notice of privacy practice.

Patient's Signature

Patient's Name

Date