



Michael H. Polcino III, MD PLLC

NOTICE OF PRIVACY PRACTICE SUMMARY

This summary discloses how health information about you may be used. A full notice of privacy rights will be available to you if requested.

DR. MICHAEL H. POLCINO III, MD uses health information about you for treatment, to obtain payment for treatment with your authorization as required (check state laws), for administration purposes, and evaluate the quality of your care that you receive.

DR. MICHAEL H. POLCINO III, MD will not disclose your information to others unless the law authorizes or requires us to do so.

You may complain to Christine Sini, Office Administrator and the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

DR. MICHAEL H. POLCINO III, MD must maintain the privacy of the protected health information; provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restrictions on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations and to obtain your written authorization to use or disclose your health information for reasons other than those listed above or permitted under law.

If you have any questions or complaints please contact: DR. MICHAEL H. POLCINO, MD at (631) 482-8134.

I _____ have read DR. MICHAEL H. POLCINO III, MD **Notice of Privacy Practices** as requires by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Signature of patient/parent/legal guardian

Date