

Allergy & Immunology on Madison  
161 Madison Ave Suite 3A  
New York, New York 10016

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*This notice describes how medical information about you may be used and disclose and how you can get access to this information.  
Please read carefully. Effective April 14, 2004...*

The privacy of your medical information is important to us. You may be aware that the US government regulators have established A privacy rule (HIPPA) governing protected health information. This notice tells you about how it may be used and about certain rights you may have. Ms. Anne McBride, is our Practice Manager, is in charge of the privacy matters at our office. You may contact her at (646)-424-0400 ext 13 for any further information or if you have any concerns or questions.

**Use and Disclosure of protected information.**

**We have the right under** Federal law that we may use your protected medical information for treatment of you, without further specific notice to you, or without your written authorization. For instance, if we refer you to another doctor or facility, we may have to provide test results or other data to that Doctor or Facility.(Subject to more stringent New York laws regarding disclosure of HIV/Aids information). Under Federal Law we may also use your medical information to obtain payment for our services without further specific notice to you or written Authorization by you. For instance, under your health plan we are required to provide them with a diagnosis code for your visit and a description Of services rendered, as well as for quality assurance, risk reduction and claim management purposes.

We may use or disclose your medical information, without further specific notice or authorization by you for the following:

1. required by law
2. required for public health purposes
3. required by law to report child abuse
4. where required by a health oversight agency for activities(health Dept etc)
5. required by law in judicial or administrative proceedings
6. required for law enforcement purposes by an official
7. permitted by law to a coroner, medical examiner or funeral director or organ donation
8. permitted by law to avert a serious threat to health or safety
9. permitted by law and required by military authorities if you are a member of the US armed forces
10. research purposes

New York State law provides additional protection for information regarding HIV/AIDS. We will continue to follow NYS law with respect to such information.

We may contact you by phone, at your residence, to remind you of appointments or to provide information, which might be left on voice mail, e-mail or answering machines or with a person at the residence. You have the right to make reasonable requests for us to use alternative methods of communication. Space is provide here \_\_\_\_\_\*.

You have the right to revoke any arrangement at anytime, with you written authorization. Please contact us immediately.

**Rights you have:**

You have the right to request restrictions regarding 1 through 10...Except as stated below we are not required to agree to such restrictions.

You have the right to inspect and obtain copies of medical records ( a reasonable fee will be charged)

You have the right to request amendments to your medical information- Such requests must be in writing and include reasons.

You have the right to request an accounting of any disclosures we make in regards to your medical information; except for disclosures we make to you or to carry out any treatment, payment or healthcare operations, or as requested by your written authorization or as permitted under 45 CRF section 164.502, or for emergency notification purposes, or for national security or intelligence purposes as permitted by law or other legal facilities or Public health research after being de-identified or limited to remove personally ID information) or disclosures made before April 14, 2003.

**Our obligations:**

We are required by law to maintain the privacy of the protected health information and to provide individuals with notice of our legal duties and privacy practices. We are required by law to abide by the terms of this notice as long as it is currently in effect.

We reserve the right to revise this notice and to make a new notice effective for all protected health information we maintain. Any revised notices will be posted in our office and copies will be made available.

If you want to make a complaint about any violation of your privacy rights, you have the right to file a complaint with the secretary of the Department of Health & Human Services of the United States. You may also file a complaint in our office with our Practice Manager Ms. Scalogna. No retaliatory action will be taken against you for any complaints that you may have.

c/o Allergy & Asthma on Madison  
161 Madison Ave. suite 3 A  
New York, NY 10016  
Tel: 646-424-0400

**Patient Singnature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_