

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT

Ronald F. Iannacone, D.P.M.

Brooklyn, NY

6910 Avenue U, Suite LA
Brooklyn, NY 11234-6122
Phone: (718) 968-8080

Northport, NY

482 Main Street,
Northport, NY, 11768
Phone: (631) 754-7000

I understand that under the Health Insurance Portability & Accountability Act of 1996 (*HIPAA*), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations, such as quality assessments and physician certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Private Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment of health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree you are bound to abide by such restrictions.

Patient Name _____

Relationship to Patient _____

Signature _____

Date _____