



METROPOLITAN NEUROSURGERY

HIPAA, NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protect health insurance information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number 201-569-7737.

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on use and disclosures of their protected health information (PHI). This individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that applies):

- Home Telephone #: _____
 - I agree that a detailed message regarding my PHI may be left on my home phone.
 - No, I do not agree that a detailed message may be left on my home phone.
- Work Telephone #: _____
 - I agree that a detailed message regarding my PHI may be left on my home phone.
 - No, I do not agree that a detailed message may be left on my home phone.
- Written Communication
 - I give permission to allow PHI be sent via mail to my home address:

 - I give permission to allow PHI be sent via mail to my work/office address:

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimal necessary to accomplish the intended purposes. These provisions do not apply to uses or disclosures made pursuant to an authorization request by the individual.

- I authorize you to release my PHI to:

Print Patient's Name

Date of Birth

Patient's Signature

Date

Your signature is also an acknowledgement that you have read the Notice of Privacy Practices. A copy will be provided to you upon request.