NOTICE OF PRIVACY PRACTICES

To our patients: This notice describes how health information about you, as a patient of New York Allergy & Sinus Group, PLLC, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information:

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

I, _____(the patient), acknowledge that I have received the Notice of Privacy Practices. I have also been given the opportunity to ask questions about personal health information, or to request additional confidential treatment of communications between the Practice and myself or others.

_____

Signature of Patient or Responsible Party | Name of Patient or Responsible Party *(Please Print)* | Date

YOUR RIGHTS AND YOUR HEALTH INFORMATION

1. Communications. You hereby ☐ do ☐ do not give consent to receive text messages through Florie regarding updates and reminders about your appointments and to notify you about pending messages from your provider(s), with the understanding that the message frequency may vary and that message and data rates may apply. If you consent, please remember that the message frequency may vary and that message and data rates may apply. You may reply STOP to cancel messages and HELP for help. You acknowledge that withholding consent or stopping messages may require you to contact our practice by other means for updates regarding your treatment. You may visit https://myflorie.com/terms-and-conditions/mobile-terms- and-conditions and https://myflorie.com/privacy-policy for more information. You can also request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to New York Allergy & Sinus Group, PLLC, 116 East 36th Street, Lower Level, NY, NY 10016 (or fax 855-608-7581).
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to New York Allergy & Sinus Group, PLLC, 116 East 36th Street, Lower Level, NY, NY 10016 (or fax 855-608-7581). You must provide us with a reason that supports your request for amendment.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact New York Allergy & Sinus Group, PLLC, 116 East 36th Street, Lower Level, NY, NY 10016.
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact New York Allergy & Sinus Group, PLLC, 116 East 36th Street, Lower Level, NY, NY 10016. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.