
P: 212-674-7777 | P: (212) 729-SKIN (7546) | F: (212) 729-9395 | contact@212skin.com | www.212SKIN.com

This notice describes how medical information about you may be disclosed.
AL Dermatology PC will use your medical information for the following: Please review it carefully.

TREATMENT: Including providing your medical records to consulting clinicians and insurance companies.

PAYMENT: We will file necessary claims to insurance companies in your name to obtain payment.
They may request part or all of your medical records to pay the claim.

HEALTH CARE OPERATIONS: Any other involved in your healthcare.

HIPAA NOTICE OF INFORMATION PRACTICES

Protecting the privacy of your personal health information is important to us. This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Disclosure of your protected health information without authorization is strictly limited to defined situations that include emergency care, quality assurance activities, and public health, research, and law enforcement activities. Any other disclosures for the purpose of treatment, payment, or practice operations will be made only after obtaining your consent. You may request restrictions on disclosures. Disclosures of protected health information are limited to the minimum necessary for the purpose of the disclosure. This provision does not apply to the transfer of medical records for treatment. You may inspect and receive copies of your records within 30 days after requesting to do so. There may be a reasonable cost-based fee for photocopying, postage, and preparation. You may request changes to your records. Our practice has the right to accept or deny your request. We maintain a history of protected health information disclosures that are accessible to you. In the future, we may contact you for appointment reminders, announcements, and to inform you about our practice. Our practice is required to abide by this notice. We have the right to change this notice in the future. Any revisions will be prominently displayed in a clearly visible location in our office.

****The entire PRIVATE POLICY NOTICE of AL Dermatology PC is posted in the waiting room for your perusal****

Email Disclaimer

The information contained in the practices transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited.

Please check box if you agree for email communication with Doctor and Staff

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE

I hereby acknowledge receipt of the Notice of Privacy Practices for Dr. Lyubov Avshalumova regarding my health information. I have been informed and understand the manner in which my health information shall be maintained, utilized and disclosed by Dr. Lyubov Avshalumova.

Patient (guardian) signature

Date