THE HILL OB-GYN ASSOCIATES

1000 East Genesee Street
Suite 600
Syracuse, NY 13210

Ph. (315) 471-2713 Fax (315) 471-1012

Jerry Caporaso Jr., MD

NOTICE OF PRIVACY PRACTICES

This notice is to inform you how your protected Personal Health Information (PHI) may be used & disclosed to third parties to carry out your treatment, payment for your treatment, health care operations for the practice and for other purposes permitted or required by law. It also discusses your rights regarding your PHI. You have the right to request for us not to share information about your treatment for services you have paid out-of-pocket.

By signing this form you are granting The Hill OB-GYN Associates to use and disclose you're (PHI) for purpose of treatment, payment, and health care operations.

You can obtain a copy of your health information in an electronic format within 30 days of requesting it, with one 30 day extension permitted.

Our office can provide you with an original copy of the Privacy practice notice upon request. We would like to encourage you to read the original notice, which is more detailed.

YOUR RIGHTS

1. You have the right to revoke any authorization to disclose PHI. This may be done in writing at any time.
2. Request restrictions for the use of your PHI as provided by law.
3. Inspect & copy your PHI, with written request, this request may be granted or denied.
4. Receive a list of names on who your PHI as been disclosed to. With a written request.
5. You have the right to request a paper copy of the detailed privacy notice.
6. All requests must be written and given to the Practice's Privacy Officer.

ACKNOWLEDGEMENT

I, ____, have received and/or reviewed a
Please print name
copy of this notice.

____ , ________________________
Patient Signature Date