

Big Apple Cardiology

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HIPAA Notice of Privacy Practices Acknowledgment

Notice of Privacy Practices

Federal law requires that health care providers maintain the privacy of your protected health information (PHI) and provide you with a Notice of Privacy Practices describing how your medical information may be used and disclosed and how you can obtain access to this information.

Acknowledgment of Receipt

By signing electronically, you acknowledge that you have been offered access to the Notice of Privacy Practices for Allen Weiss Physician NY, P.L.L.C. d/b/a Big Apple Cardiology. This notice explains how your medical information may be used for treatment, payment, and healthcare operations and outlines your rights regarding your protected health information.

Patient Rights

You have the right to request restrictions on certain uses or disclosures of your health information, request confidential communications, inspect and obtain a copy of your health records, request amendments to your health information, and receive an accounting of disclosures as permitted by law.

Practice Responsibilities

This practice is required by law to maintain the privacy and security of your protected health information, provide you with notice of our legal duties and privacy practices, and notify you following a breach of unsecured protected health information when required by law.

Acknowledgment

Your acknowledgment confirms that you have been provided the opportunity to review the Notice of Privacy Practices. If you decline to acknowledge receipt, the practice will document the attempt to obtain acknowledgment as permitted by federal privacy regulations.

By signing electronically, I acknowledge that I have been offered access to the Notice of Privacy Practices for Allen Weiss Physician NY, P.L.L.C. d/b/a Big Apple Cardiology. My digital signature and timestamp constitute my acknowledgment of receipt.

Electronic Patient Signature (captured digitally)

Timestamp Recorded Automatically