

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

HIPAA, the Health Insurance Portability & Accountability Act of 1996 (August 21), Public Law 104-191, was designed to improve efficiency in healthcare delivery by standardizing electronic data interchange, and improving the protection of confidentiality and security of health data by setting and enforcing standards.

More specifically, HIPAA called upon the Department of Health and Human Services (HHS) to publish new rules pertaining to security standards in protecting the confidentiality and integrity of "individually identifiable health information," past, present and future.

By signing this Consent you understand that The Vein Treatment Center is mandated to abide by The HIPAA Privacy Rule as written by the Department of Health and Human Services.

All individuals have a fundamental right to be informed of the privacy practices of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. The Notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with health care providers and exercise their rights.

Please ask the receptionist if you would like to view the privacy rule. If you have further questions, or if you would like to obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, please contact our Practice Administrator at:

Vein Treatment Center
327 East 65th Street
New York, NY 10021
(212) 249-6117

Right to Revoke: You have the right to revoke this Consent at any time by providing written notification to our Practice Administrator.

Signature: _____ Date: _____

Name (print): _____