

Patient Name _____

Chart Number _____

Please print clearly

COMMERCIAL INSURANCE RELEASE OF INFORMATION

I HEREBY AUTHORIZE AND DIRECT THE PHYSICIAN HAVING TREATED ME TO RELEASE TO GOVERNMENTAL AGENCIES, INSURANCE CARRIERS, OR OTHERS WHO ARE FINANCIALLY LIABLE FOR MY HOSPITALIZATION AND MEDICAL CARE, ALL INFORMATION NEEDED TO SUBSTANTIATE PAYMENT FOR SUCH HOSPITALIZATION AND MEDICAL CARE AND TO PERMIT REPRESENTATIVES THEREOF TO EXAMINE AND MAKE COPIES OF ALL RECORDS RELATING TO SUCH CARE AND TREATMENT.

DATE

SIGNATURE OF PATIENT OR GUARDIAN

COMMERCIAL INSURANCE ASSIGNMENT OF BENEFITS

I HERBY TRANSFER, AND SET OVER TO MY PHYSICIAN OR HIS/HER BILLING AGEN, SUFFICIENT MONIES AND/OR BENEFITS TO WHICH I MAY BE ENTITLED FROM GOVERNMENTAL AGENCIES, INSURANCE CARRIERS, OR OTHERS WHO ARE FINANCIALLY LIABLE FOR MY HOSPITALIZATION AND MEDICAL CARE TO COVER THE COST OF THE CARE AND TREATMENTS RENEDEDERED TO MYSELF OR MY DEPENDENT.

DATE

SIGNATURE OF INSURED

HIPAA PRIVACY NOTICE

THE MILLER PRACTICE
355 W 52 STREET 7TH FLOOR
NEW YORK, NY 10019

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact:

Office Manager
(646) 778-5555

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on physician practices concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan – whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the above named physician practices.

WHO WILL FOLLOW THIS NOTICE:

This notice describes this physician practice and that of:

- Any health care professional authorized to enter information into your medical chart.
- All employees, staff and other office personnel.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you received at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this office, whether made to office personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use disclosure of medical information.

We are required by law to

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of this notice that is currently in effect

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use of disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories:

- **For treatment.** We may use medical information about to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other office personnel who are involved in taking care of you at this office. We may also disclose medical information about you to people outside the office who may be involved in your medical care after you leave the office, such as the laboratory in order to obtain the results of your blood work.
- **For payment.** We may use and disclose medical information about you so that the treatment and services you received at this office may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give you health plan information about the office visit service you received so your health plan will pay us or reimburse you for the office visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.
- **Additional:** Public Health, Abuse, Neglect or Domestic Violence, Law Enforcement, Judicial and Administrative Proceedings & Workers' Compensation.

This office will use reasonable efforts to disclose or use only the minimum amount of protected information necessary for staff to do their jobs.

DISALLOWED USES OF PERSONAL HEALTH INFORMATION:

This office will not use personal information for any of the following purposes:

- Marketing of health and non-health items and services
- Disclose of information for fundraising

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I hereby acknowledge receipt of The Miller Practice HIPAA Privacy Notice

Patient/Guardian signature

Date

Print patient name