

**Shelley Berson, MD, FAASM, FAAOA**  
Rockland Ear, Nose and Throat Associates, P.C.  
2 Strawtown Road #6, West Nyack, NY 10994  
845-727-1340 | 845-727-1349

**Please read the Rockland Ear, Nose & Throat Associates, P.C., Privacy Notice (HIPAA Notice) on the second page of this document.**

**HIPAA ACKNOWLEDGMENT**

I, \_\_\_\_\_, acknowledge that I have been provided with a copy of Rockland Ear, Nose & Throat Associates, P.C., Privacy notice and have been given an opportunity to read and ask questions about this notice.

In addition, I, \_\_\_\_\_, hereby permit and acknowledge that Rockland Ear, Nose and Throat Associates, P.C. will access my prescription medication history through our other third party prescription data services, in order to better document our own patient prescription drug records.

**This office will contact you via cell phone unless you specify otherwise**

Cell phone # \_\_\_\_\_

Home phone # \_\_\_\_\_

OK to leave message with detailed information

OK to leave message with detailed information

OK to mail to my home

OK to fax to # \_\_\_\_\_

I give my permission to speak to: \_\_\_\_\_  
(name, relationship to patient)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

**Shelley Berson, MD, FAASM, FAAOA**  
Rockland Ear, Nose and Throat Associates, P.C.

**HIPAA NOTICE**

PATIENT AUTHORIZATION FOR CONTACT REGARDING HEALTH RELATED SERVICES  
THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND  
HOW YOU CAN HAVE ACCESS TO OBTAIN THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

In the course of your care as a patient at Rockland Ear, Nose and Throat Associates, we may use or disclose personal and health related information about you in the following ways:

- Your personal health information, including clinical records, may be disclosed to another healthcare provider or hospital if it is necessary to refer you for further testing, assessment, or treatment.
- Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer.

If you are not at home to receive an appointment reminder, a message may be left on your answering machine or one may be sent to your e-mail address. Furthermore, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office regarding those matters. Should you decide to not provide us such authorization, your care will not be affected in this office.

Under federal law, we are also permitted or required to use or disclose your health information without consent or authorization under the following circumstances:

- Should we provide health care services to you based on the orders of another health care provider
- Should we provide health care services to you as an emergency
- Should we be required by law to provide care to you and are unable to obtain your consent after attempting to do so
- Should there be substantial communication barriers between you and our office and our office's professional judgment believes you intend for our office to provide care
- Should we be ordered by the courts or another appropriate agency

Any use or disclosure of your protected health information, other than as described in the examples outlined above, will only be made upon your written authorization. We normally provide information about your health care to you in person at the time you receive care.

You have the right to inspect and/or copy your health information for seven years from the date the record was created or for as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy, or amend your health related information should be provided to us in writing.

We are required by the state and federal law to maintain the privacy of your patient files and the health protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information.

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. Should changes be made to our privacy notice, we will notify you in writing as soon as possible. Should you have any concern regarding: the information that we use or disclose based on this privacy notice, our privacy practices, or any aspect of our privacy activities, please direct your concerns to Susan E. Predmore. If you would like further information about our privacy practices, please contact Susan E. Predmore at the office.

This notice is effective as of June 1, 2017, and will expire seven years after the date it was created.

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Patient Name

Patient Signature

Date