

**Ulla Kristiina Laakso, MD**

910 Park Avenue | New York, New York 10075 | Telephone: 212-517-3900

**HIPAA Privacy Notice**

This notice describes how medical information about you may be used and disclosed and how you may obtain access to this information.

This office has always recognized the importance of privacy, this new federal law formalizes practices that have been followed routinely.

Background: In 1996, congress recognized the need for national patient privacy standards and as a part of the Health Portability and Accountability Act abbreviated as a HIPAA, ordered that a set of rules be established to control how health information is used and disclosed, as maintained by doctors, hospitals, and health plans. Health information is considered sensitive and personal and similar protection is already enacted for bank accounts, credit cards, and even video rentals.

By the law, consent is not required to discuss your medical treatment with your other doctors or healthcare providers. This allows also, for prescriptions to be called into your pharmacy and for the scheduling of surgery in a hospital.

Additionally, none is needed in the course of carrying out healthcare operations, such as quality assessment, or in communication with your insurance carrier for payment related issues, or for incidental uses such as announcing a name in a waiting room or the use of sign in sheets.

However, this office has always gone one step further in protecting you and does not believe in releasing specific information about you to any business or government entity without your written consent.

Specific authorization is required to disclose protected information in a non-routine circumstance such as to your employer or for use in marketing a product to you.

Medical information about you may be released for research and public health uses as long as you are not individually identified.

You may have the right to review when and to whom your information was released. You may suggest additional restrictions with regard to certain disclosures, if you wish.

Portions of this notice may be modified, as long as you are notified.

Should you believe that your privacy rights have been compromised, you may report the violation, without penalty to you, to this office or the Secretary of Health.

HIPAA PRIVACY NOTICE  
READ

DATE: \_\_\_\_\_

SIGN: \_\_\_\_\_