

NOTICE OF PRIVACY PRACTICE

NIAZ MEDICAL SERVICES, P.C

104-14 113th Street
South Richmond Hill, NY,1419-2506

PH: (718) 835-2254
Fax: (718) 835-9111

78-40 Parsons Blvd.,
Flushing, NY,11366-1930

PH: (718) 612-9799
Fax: (718) 835-9111

208 E 116th Street
New York, NY,10029-1451

PH: (212) 203-4444
Fax: (212) 203-4444

This privacy of your medical information is important to us. You may be aware that U.S. Government regulators established a privacy rule ("HIPAA") governing protected health information. This notice tells you about how it may be used, and about certain rights that you have.

Dr. Sameera Haroon is in charge of the privacy matters at your office. You can contact her at (718) 835-2254 if you desire information, or have any questions or concerns.

Use and disclosure of protected information:

Federal law provides that we may use your medical information (protected health information) for treatment of your child, without further specific notice to you, or written authorization by you. E.g. (if we refer you to a specialist, we may provide laboratory or test results to that specialist (subject to more stringent New York law, restriction on disclosure of information regarding HIV/AIDS).

Federal law provides that we may use your medical information to obtain payment for our services without further specific notice to you, or written authorization by you. E.g. under your health plan, we are required to provide them with diagnosis codes for your visit description of the services rendered.

Federal law provides that we may use your medical information for office work without further specific notice to you, or written authorization by you. E.g. our accountants may see your name, dates of treatments and procedure codes during audits of our books or we may use your information for financial services, quality assurance, risk reduction and claim management purposes with our medical professional liability insurer.

We may use or disclose your medical information, without further notice to you, or specific authorization by you, where:

1. Required by law.
2. Required for public health purposes.
3. Required by law to report child abuse.
4. Where required by health oversight agency for activities authorized by law, such as the Department of Health, Office of Professional Discipline or Office Professional Medical Conduct and other Healthcare agencies.
5. Required by law in judicial or administrative proceedings.
6. Required for law enforcement purposes by law enforcement officials.
7. Required by coroner or medical examiner.
8. Permitted by law to funeral director.
9. Permitted by law for organ donation purposes.
10. Permitted by law to avert a serious threat to health or safety.
11. Permitted by law and required by military authorities if you are a member of the armed forces of United States.

New York law provides additional protection for information regarding HIV/AIDS. We continue to follow New York State law respect to such information.

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We may contact you by mail or phone, at your residence, to remind your appointment or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence.

You make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential manner. Other uses or disclosures of your medical information will be only with your written authorization. You have the right to revoke any written authorization that you give.

Right that you have:

You have the right to request restrictions on certain of the uses or disclosures described above. Except as stated below, we are not required to agree to such restriction.

You have the rights to input to inspect and obtain copies of your medical information a fee of 50cents/page will be charges.

You have the right to request amendments to your medical information. Such request must be in writing, and must state the reason for the amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.

You have the right to request an accounting of any disclosures we make of your medical information, except for: disclosures we make to you, or to carry out treatment, payment of health care operations, or as requested by your written authorization, or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law (or for research or public health purposes after removing personally identifiable information) or disclosures made before April 14, 2003.

Obligations that we have:

We have required by law maintain the privacy of protected health information and to provide individual with the notice of our legal duties and privacy practices.

We are required to abide by the terms of this notice as long it is currently in effect.

We reserve the right to revise this notice, and to make a new effective for all protected health information we maintain. Any revised notice will be posted in our office, and copies will be available there.

If you want to complain about violations of your privacy rights, you have right to file a complaint with Secretary of the Department of Health and Human Services of the United States. You may also file a complaint with us. Complaints should be directed to Dr. Sameera Haroon 104-14 113th Street, South Richmond Hill, NY 11419. (718-835-2254).

No retaliatory action will be taken against you for any complaint you make.