

Jonathan A. Hoenig, MD

Cosmetic and Reconstructive Surgery

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

Use and disclosure of your health information in certain special circumstances

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
4. For Workers Compensation and similar programs.
5. For services outside our office that require information for diagnostic purposes. (e.g. laboratory, pathology-biopsy interpretation)
6. Regular health care operations. Your health information will be provided to employees or business associates who participate in meeting your health care needs. This includes but is not limited to: scheduling appointments, appointment reminders, greeting you on arrival, assisting the physician during the office visit, arranging referrals, transcribing and maintaining records.

Your rights regarding your health information

1. Communications. You can request that our practice communicate

with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.

2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

3. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our front desk receptionist.

I hereby acknowledge that I have been presented with a copy of **Dr. Jonathan Hoenig's** Notice of Privacy Practices.

Signature _____

Date _____

Name of Patient _____