

PEDIATRIC ENDOCRINOLOGY of NY, P.C.

495 Central Park Ave Suite 208

Scarsdale, NY 10583

Telephone: (914) 222-1212

Notice of Privacy Practices

**Health Insurance Portability and Accountability Act
(HIPAA Privacy Act)**

My signature on this form acknowledges that I have been given the opportunity to review the "Notice of Privacy Practices" for Pediatric Endocrinology of New York, P.C. prior to signing this consent. I understand that Pediatric Endocrinology of New York, P.C. has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at the address above for a current copy.

I understand that I may request in writing that restrictions be placed on how my private information is used or disclosed to carry out treatment or payment.

I also understand that Pediatric Endocrinology of New York, P.C. is not required to agree to my requested restrictions, but if it does agree then Pediatric Endocrinology of New York, P.C. is bound to abide by said restrictions.

Patients Name: _____ DOB: _____

Signature: _____

Date: _____