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HIPAA PRIVACY POLICY

I hereby give my consent for NS Medical, PLLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO).

I have the right to review the Notice of Privacy Practices prior to signing this consent. NS Medical, PLLC reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to NS Medical, PLLC at the above address.

With this consent, NS Medical, PLLC, may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care as long as it is marked Personal and Confidential.

With this consent, NS Medical, PLLC, may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminders, patient statements and material pertaining to my clinical care. I have the right to request that NS Medical, PLLC restrict how it uses or discloses by PHI to carry out my TPO.

NS Medical, PLLC is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. By signing this form, I am consenting to NS Medical's use and disclosure of my PHI to carry out my TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, NS Medical, PLLC, may decline to provide treatment to me.

Patient Name (print) _____ Signature _____ Date _____