

## Notice of Privacy Practices

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment/services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you.

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend the Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current notice in our office in a visible location at all times. You may request a copy of our most current Notice at any time.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Susan Sullivan  
Director of Operations  
1072 Troy-Schenectady Road  
Latham, New York 12110

I, \_\_\_\_\_, have received a copy of Williams Plastic Surgery Center notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

Please list who we are able to share your information with:

\_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_