

# Notice of Privacy Practice

141 Little East Neck Road  
West Babylon, NY 11704  
T: (631) 321-1045  
F: (631) 321-1102



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This summary discloses how health information about you may be used. A full notice of privacy rights will be available to you if requested.

**Dr. Michael H. Polcino, MD** uses health information about you for treatment, to obtain payment for treatment with your authorization as required (check state laws), for administration purposes, and to evaluate the quality of your care that you receive.

**Dr. Michael H. Polcino, MD** will not disclose your information to others unless the law authorizes or requires us to do so.

Complaints may be directed to Christine Sini, Office Administrator, and to the Department of Health and Human Services if you believe that your rights have been violated. You will not be retaliated for filing a complaint.

**Dr. Michael H. Polcino, MD** must maintain the privacy of the protected health information; provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree with the requested restrictions on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations and to obtain your written authorization to use or disclose your health information for reasons other than those listed above or permitted under law.

If you have any questions or complaints, please contact :

**Dr. Michael H. Polcino, MD at 631-321-1045**

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I, \_\_\_\_\_, have read **Dr. Michael H. Polcino, MD's 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).

**Patient's Signature:**

**Date:**