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NEW YORK CITY DEPT OF HEALTH AND MENTAL HYGIENE
NOTICE OF PRIVACY

OUR DUTIES TO YOU REGARDING YOUR PROTECTED HEALTH INFORMATION:

PROTECTED HEALTH INFORMATION IS INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION EXPRESSED IN THE FORM OF ORAL, WRITTEN OR ELECTRONIC COMMUNICATIONS. THIS INFORMATION INCLUDES DEMOGRAPHIC INFORMATION, PRESENT OR FUTURE PHYSICAL OR MENTAL HEALTH CONDITIONS OR ANY RELATED HEALTH CARE SERVICES.

OUR OFFICE IS REQUIRED BY NY LAW TO:

1. MAKE SURE YOUR PROTECTED HEALTH INFORMATION IS KEPT PRIVATE.
2. GIVE YOU THIS NOTICE OF OUR LEGAL DUTIES AND PRIVACY PRACTICES RELATED TO THE USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION.
3. FOLLOW THE TERMS OF THIS NOTICE CURRENTLY IN EFFECT.
4. COMMUNICATE ANY CHANGES IN THE NOTICE TO YOU.

ACKNOWLEDGEMENT

PRINT NAME _____

SIGNATURE _____

DATE _____