

Notice of Privacy Practices

Dr. Lawrence Epstein & Dr. Suneetha Maddineni

As required by the Health information Portability and Accountability Act of 1996, you have the right to request that communication involving personal health information be made through confidential channels.

I, _____ (print name) hereby request the use of the following confidential channels for the communication of information related to my personal health, treatment or payment for treatment.

I agree to:

- Receive text message appointment reminders
- Receive email appointment reminders
- Receive voice reminder and messaging
- Leave a detailed message on voice mail

Sign: _____

Date: _____