

Summary of Notice of Privacy Act

The Privacy Notice includes a description of the uses and/or disclosures of my Protected Health Information (PHI) necessary for Carnegie Hill Endoscopy Center, LLC to provide treatment to me, and also necessary for Carnegie Hill Endoscopy Center, LLC to obtain payment for that treatment and to carry out its normal operations. I understand that the Privacy Notice will be available to me in the future at my request. Carnegie Hill Endoscopy Center, LLC has further explained my right to obtain a copy of the Privacy Notice prior to signing Consent, and has encouraged me to read the Privacy Notice carefully prior to my signing Consent. Carnegie Hill Endoscopy Center, LLC reserves the right to change its privacy practices that are described in its Privacy Notice, in accordance with applicable law.

I understand that the following appointment reminders may be used by Carnegie Hill Endoscopy Center, LLC: A postcard mailed to me at the address provided by me; and/or Telephoning my home and leaving a message on my answering machine or with the individual answering the phone.

Carnegie Hill Endoscopy Center, LLC may use and/or disclose my PHI (which includes information about my health or condition and the treatment provided to me) in order for Carnegie Hill Endoscopy Center, LLC to treat me and obtain payment for that treatment, and as necessary for Carnegie Hill Endoscopy Center, LLC to conduct its specific health care operations.

I understand that I have a right to request that Carnegie Hill Endoscopy Center, LLC how my PHI is used and/or disclosed to carry out treatment, payment and/or health care operations. However, Carnegie Hill Endoscopy Center, LLC is not

required to agree to any restrictions that I have requested. If Carnegie Hill Endoscopy Center, LLC agrees to a requested restriction, then the restriction is binding on them.

I understand that by signing the Consent, it is valid for seven years. I further understand that I have the right to revoke the Consent, in writing, at any time for all future transactions, with the understanding that any such revocation shall not apply to the extent that Carnegie Hill Endoscopy Center, LLC has already taken action in reliance on the consent. I understand that if I revoke the consent at any time, the Practice has the right to refuse to treat me.

I understand that if I do not sign the Consent evidencing my consent to the uses and disclosures described to me above and contained in the Privacy Notice, then the Practice will not treat me.

The complete version of the Notice of Privacy Practices is available for you to read while you are at Carnegie Hill Endoscopy Center, LLC or you may request a written copy. Complaints about Carnegie Hill Endoscopy Center, LLC's Notice of Privacy Practices or how we handle your health information should be directed to:

Scott Williams
Privacy Officer
Carnegie Hill Endoscopy Center, LLC
1516 Lexington Avenue
New York, New York 10029
swilliams@carnegiehillendoscopy.com

This document is available in Spanish, Mandarin, Cantonese, and Russian upon request.

