

Matthew Zimmerman, M.D.

105 East 15 Street, #1

New York, NY 10003

(212) 658-0639

NPI 1114188661

Notice of Privacy Practices

1. I make every effort to maintain and respect the confidentiality of information about my patients. There are rare circumstances, however, in which the law may require that I release information about you, without your authorization. Examples of such circumstances are: [i] if I have reason to believe that you pose a direct threat of imminent harm to a person (including yourself); [ii] if I have reason to suspect that abuse or neglect of a child, an elder, or a dependent/disabled person is taking place; [iii] if I am required or ordered to do so in the course of a legal proceeding. I also reserve the right to use and disclose information about you if I believe that doing so is necessary to defend myself in legal action brought against me in relation to your care.

2. I do not deal directly with insurance companies. If you choose to seek reimbursement using your out-of-network health insurance benefits, your claim will require a diagnosis and description of services rendered. At your request, I will supply you with invoices that include specific diagnostic and treatment information, suitable for submission in support of your claim.

3. I communicate with patients via telephone, e-mail, and SMS-text message. Please note that these are not secure and I, therefore, cannot guarantee the confidentiality of communication by these means. Unless you advise me otherwise, I may use any or all of these means to communicate with you and your consent for me to do so is implied. This permission may be revoked by you at any time.

I have received and reviewed the above notice of privacy practices.

SIGNATURE: _____ DATE: _____

NAME (*please print*): _____