

Erika Marshall, MD
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NOTICE OF PRIVACY PRACTICES

Patient information will be kept as confidential as possible. When an exchange of information would be beneficial, written consent will usually be requested by an Authorization for Release of Information. At times, verbal consent will be sufficient.

Permission to be in touch with your primary care doctor as well as other health care providers will be requested. It is your choice whether to permit such contact or not.

This office does not deal directly with insurance companies. Insurance companies require a diagnosis and description of services rendered in order to cover costs. At your request, a bill will be provided with the necessary information and can be submitted as permissible by your insurance carrier.

There are rare circumstances where the law requires a health care professional to release information about you without your authorization. In those circumstances, Erika Marshall MD will need to release information. Dr. Marshall will only do so when it is medically or legally necessary.

I have received and reviewed this Notice of Privacy Practices:

Signature: _____ Date: _____

Printed Name: _____ DOB: _____

Relationship to Patient: _____ (self, parent, legal guardian)