Notice of Privacy Practices Information

Please note that if individuals other than you have access to the contents of any of the addresses listed below, those individuals could also have access to any information we send to you at that address. Plattsburgh Medical Care will not be responsible if such individuals access information that is sent to the address you provide.

1. Please list any individual that would be able to contact us on your behalf about your medical treatment, diagnosis, payment or healthcare operations. Please note that spouses, parents, and children must be listed if you would like us to be able to speak with them.

Name	Phone number	Address	Relationship

2.	. Please list the telephone numbers where you would like to receive calls about your		
	appointments, test results and other health information.		
	a. Primary ()		
	b. Secondary ()		
3.	Can confidential messages be left on your answering machine or voice mail?		
	a. Yes No		
4.	We now offer an online patient portal through our website (https://www.pmedcare.com). This		
	allows you to have real-time access to your medications, labs and upcoming appointments as		
	well as requesting refills, submitting questions about your bill or medical care, or request		
	appointments. Would you like access to this service?		
	a. Yes No		

Please note that while we will ask periodically if there have been changes to the above information, it is your responsibility to notify us of any changes as they occur.