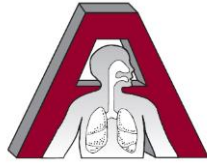


Allentown Asthma & Allergy

Robert M. Zemble, M.D., FAAAAI, FAAAAI
Diplomate, American Board of
Allergy and Immunology



Caitlin Houck, MSN, CRNP, FNP-C

Dear Patients:

Due to the Health Insurance Portability and Accountability Act (HIPAA) regulations – it is necessary for us to provide the following information to you. This is a notice explaining the possible uses that we may make of your health information – this is not a consent form.

Please carefully read this information, sign the acknowledgement sheet on reverse side, and return it to front office. A copy of this information is available to our patients upon request.

Please direct **all** questions in writing to: Allentown Asthma and Allergy, Attention: Privacy Officer, 1605 North Cedar Crest Blvd., Suite 605, Allentown, PA 18104.

Thank you.

Allentown Asthma & Allergy

Robert M. Zemble, M.D., FAAAAI, FAAAAI
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Allergy and Immunology



Caitlin Houck, MSN, CRNP, FNP-C

ACKNOWLEDGEMENT

I, _____ (patient or guardian)
acknowledge that I have received a copy of Allentown Asthma and Allergy's Notice
Regarding Privacy of Personal Health Information.

Date

Signature of Patient or Guardian

Patient Name (please print) _____

DOB _____