



Board Certified
Children & Adults
www.ohioallergy.com

Suri R Suresh, M.D.
Sridhar Guduri, M.D.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that related to your past, present or future physical or mental health or conditions and related health services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who is involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you and to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

Payment: Your protected health information will be used as needed to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your insurance company.

Health care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical students who see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may also use your protected health information in the following situations without your authorization: as required by law for public health issues such as communicable diseases, health oversight, abuse or neglect; Food and Drug Administration re-

DUBLIN	EAST COLUMBUS	WESTERVILLE	GROVE CITY	MANSFIELD	ZANESVILLE
(614) 760-0099 (tel)	(614) 864-8238 (tel)	(614) 895-6753 (tel)	(614) 539-3360 (tel)	(419) 526-2125 (tel)	(740) 455-6030 (tel)
(614) 734-0409 (fax)	(614) 751-9776 (fax)	(614) 895-7136 (fax)	(614) 539-5517 (fax)	(419) 522-0241 (fax)	(740) 454-3001 (fax)



Board Certified
Children & Adults
www.ohioallergy.com

Suri R Suresh, M.D.
Sridhar Guduri, M.D.

quirements; legal proceedings; law enforcement issues such as those involving coroners, funeral directors and organ donation; criminal activity; military activity and national security; workers compensation.

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other permitted and required uses and disclosures will be made only with your consent or authorization unless required by law.

Your Rights: Following is a statement of your rights with respect to your protected health information.

- You have the right to inspect and copy your protected health information. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.
- You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction be applied. Your physician is not required to agree to a restriction that you may request. If the physician believes that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another health care professional.
- You have the right to request to receive confidential communications from us by alternate means or at an alternate location. You have the right to obtain a paper copy of this notice from us, upon request, even if you agreed to accept this notice alternatively (i.e., electronically).
- You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

DUBLIN	EAST COLUMBUS	WESTERVILLE	GROVE CITY	MANSFIELD	ZANESVILLE
(614) 760-0099 (tel)	(614) 864-8238 (tel)	(614) 895-6753 (tel)	(614) 539-3360 (tel)	(419) 526-2125 (tel)	(740) 455-6030 (tel)
(614) 734-0409 (fax)	(614) 751-9776 (fax)	(614) 895-7136 (fax)	(614) 539-5517 (fax)	(419) 522-0241 (fax)	(740) 454-3001 (fax)



Board Certified
Children & Adults
www.ohioallergy.com

Suri R Suresh, M.D.
Sridhar Guduri, M.D.

Complaints:

You may complain to us or to the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective on/or before April 14, 2003.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any questions regarding this form, please speak with our HIPAA compliance officer in person or call our main office at 614-760-0099.

Signature below is our only acknowledgement that you have received this Notice of Privacy Practices.

Print Name _____ **Signature** _____ **Date** _____

DUBLIN	EAST COLUMBUS	WESTERVILLE	GROVE CITY	MANSFIELD	ZANESVILLE
(614) 760-0099 (tel)	(614) 864-8238 (tel)	(614) 895-6753 (tel)	(614) 539-3360 (tel)	(419) 526-2125 (tel)	(740) 455-6030 (tel)
(614) 734-0409 (fax)	(614) 751-9776 (fax)	(614) 895-7136 (fax)	(614) 539-5517 (fax)	(419) 522-0241 (fax)	(740) 454-3001 (fax)