

MAHENDRA GUNAPOOTI MD.

Top of Form

**PRIVACY NOTICE**

Bottom of Form

* Your confidential healthcare information may be released to other healthcare professionals for the purpose of providing you with quality healthcare and to optimize scheduling and coordination of care such as referring physicians, laboratories, radiology, pharmacies and other health care professional providing you treatment.
* Your confidential healthcare information may be released to your insurance provider for the purpose of receiving payments for the services rendered.
* Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, crime r domestic violence.
* Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care. If you cannot tell us what you want, we will use our best judgment when sharing your confidential healthcare information.
* Your confidential healthcare information may be released to a public health organization of federal organization in the event of a communicable disease or to report a defective device or event to a biological product (food or medication); during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews.
* You may be contacted the office to remind you of any appointments, health care treatment option or the health services that may be of interest to you.
* You have the right to receive confidential communication about your health status.
* You have the right to make changes to your healthcare information. Please provide us with your request in writing and describe your reasons for the change. The request may be denied if your health information is determined to accurate and complete, or if the change involves a part of the record not created by the office.
* You have the right to know who has accessed your confidential healthcare information and for what purpose. Kindly allow us at least two weeks to process the request. A reasonable fee may be charged to you.
* You have the right to possess a copy of this privacy note upon request.
* We reserve the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information and will provide patient with a list of duties or practices that protect confidential healthcare information.
* You may revoke your permission to release confidential healthcare information at any time.
* The notice is effective from the beginning of the practice.

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Name of person or persons allowed to discuss medical information:

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Signature:

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| (Patient or Parent/Guardian) |

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| 2023-10-10 |

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| 2023-10-10 |

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| Patient’s Name: |