

S.D.M.S., P.C.  
**DR. KRISHNA PINNAMANENI**  
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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are required by federal and state law to maintain the privacy of your health information. That law also requires us to give you this notice about our privacy, our legal duties, and your rights concerning your health information. We must follow the privacy practices we describe in this notice while they are in effect. This notice takes effect April 14, 2002 and will remain in effect until we replace it.

We reserve the right to change our health information practices and terms of this notice and to make new provisions effective for all health information we maintain, including health information created or received prior to the effective date of any such revised notice. Should our health practices change, we will post and/or provide a revised notice.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies, please contact us using the information at the end of this notice.

**WE USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS FOR EXAMPLE:**

**TREATMENT:** We may use your health information for treatment or disclose it to a dentist, physician, laboratory, or pharmacy providing treatment to you.

**APPOINTMENT REMINDERS:** We may use health information about you to remind you of an appointment or to schedule a regular check-up with us, or provide you with information about treatment alternatives. These appointment reminders could be done in the form of a phone call, voicemail, post card, letters, or e-mail.

**PAYMENT:** A bill may be sent to you or your insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. We may also share portions of your medical information with billing departments, collection agencies, or the health plans that provide your coverage and their agents.

**ON YOUR AUTHORIZATION:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it with new authorization, at any time. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those describe in this notice.

**TO YOUR FAMILY AND FRIENDS:** We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your care or with payment for your health care. Before we disclose your health information to these people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the event of an emergency or your incapacity, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We may use our judgment to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, labs, or other health information provided we have your written permission. We may use or disclose information about you to notify or assist in notifying a person involved in your care of your location and general condition.

**DISASTER RELIEF:** We may use or disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**PUBLIC BENEFIT:** We may use or disclose your health information as authorized by law for the following purpose deemed to be in the public interest or benefit:

As required by law;

For public health activities, including disease and vital statistic reporting, FDA oversight, and employers regarding work-related illness or injury;

To report adult abuse, neglect, or domestic violence;  
To health oversight agencies;  
In response to court and administrative orders and other lawful processes;  
To law enforcement officials pursuant of subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes in emergencies, and for purpose of identifying or locating a suspect or other person;  
To coroners, medical examiners, and funeral directories;  
To an organ procurement organization;  
To avert a serious threat to health or safety;  
To the military and federal officials for lawful intelligence, counterintelligence, and national security activities;  
And as authorized by state worker's compensation laws.

## **PATIENT RIGHTS**

**ACCESS:** You have the right to review and obtain a copy of your health information, with limited exceptions. You may request that we provide copies in a reasonable format other than photocopies. We will use the format you requested unless we cannot practically do so. You must make a request in writing to obtain access to your health information. You may request access by sending us a letter to the address at the end of this notice. If you request copies of another format, we will charge you a reasonable, cost-based fee that may include labor, copying cost, and postage. If you prefer, we may, but are not required to, prepare a summary or an explanation of your health information, for a fee.

**DISCLOSE ACCOUNTING:** You have the right to receive a list of instances in which our business associates or we have disclosed your health information over the past six years (but not before April 14, 2002). That list will not include disclosures for treatment, payment healthcare operations, as authorized by you, and for certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**RESTRICTION:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement. Any agreement we make to request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on your behalf. Your request is not binding unless our agreement is in writing.

**ALTERNATIVE COMMUNICATION:** You have the right to request that we communicate with you about your health information by alternative means or alternative locations. You must make your request in writing. You must specify in your request the alternative means or location, and provide satisfactory explanation regarding how you will handle payment under the alternative means or location you request. We may deny your request under certain circumstances.

**AMENDMENT:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why we should amend this information. We may deny your request under certain circumstances.

## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed below. If you believe that we may have violated your privacy rights, we made a decision about access to your health information incorrectly, our response to a request you made to amend or restrict the use or disclosure of your health information was incorrect, or we should communicate with you by alternative means or locations, you may contact us at the address below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complain upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us, or with the Department of Health and Human Services.

### **OFFICE CONTACT:**

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To review this notice and other office policies please visit our website at [www.pinnamaneni.biz](http://www.pinnamaneni.biz).