

# **SUBRAHMANYAM GANTI, M.D., P.A.**

## **NOTICE OF PRIVACY PRACTICES**

**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.**

### **OUR PROMISE TO YOU, OUR PATIENTS**

**Your information is confidential.**

**Your information is important and confidential. Our ethics and policies require that your information be held in strict confidence.**

### **INTRODUCTION**

**We maintain protocols to ensure the security and confidentiality of your personal information. We have physical security in our office, passwords to protect databases, compliance audits, and virus/intrusion detection software. Within our practice, access to your information is limited to those who need it to perform their jobs.**

**At Subrahmanyam Ganti, M.D., P.A., we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Policies describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective March 1, 2003, and applies to all protected health information as defined by federal regulations.**

### **UNDERSTANDING YOUR HEALTH RECORD**

**Each time you visit Subrahmanyam Ganti, M.D., P.A., a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:**

- **Basis for planning your care and treatment,**
- **Means of communication among the many health professionals who contribute to your care,**
- **Legal document describing the care you received,**
- **Means by which you or a third-party payer can verify that services billed were actually provided,**
- **Tool in educating health professionals,**
- **Source of data for medical research,**

- Source of information for public health officials charged to improve the health of the state and nation,
- Source of data for our planning and marketing, and
- Tool by which we can assess and continually work to improve the care we render and outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

## **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of Subrahmanyam Ganti, M.D., P.A., the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy policies upon request,
- Inspect and copy your health record as provided by 45 CFR 164.524
- Amend your health record as provided by 45 CFR 164.526,
- Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528,
- Request confidential communications of your health information as provided by 45 CFR 164.522.

## **OUR RESPONSIBILITIES**

Subrahmanyam Ganti, M.D., P.A., is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Accommodate reasonable requests you may have to communicate your health information.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will keep a posted copy of the most current notice in our facility containing the effective date in the top, right hand corner. In addition, each time you visit our facility for treatment, you may obtain a copy of the current notice in effect upon request.

We will not use or disclose your health information in a manner other than described in the section regarding Examples Of Disclosures For Treatment, Payment, And Health Operations, without your written authorization, which you may revoke as provided by 45 CFR 164.508(b)(5), except to the extent that action has already been taken.

## FOR MORE INFORMATION

If you have questions and would like additional information, you may contact our practice's Privacy Officer, Kameswari Ganti, at (908) 822-1181.

### EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

We will use your health information for treatment.

For example:

Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your other physician(s) or subsequent health care provider(s) (when applicable) with copies of various reports that should assist them in treating you.

We will use your health information for payment.

For example:

A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example:

Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

- **Business Associates**

There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a transcription service we use to transfer dictated patient care into the medical record. Due to the nature of the business associates' services, they must receive your health information in order to perform the jobs we have asked them to do. To protect

**your health information, however, when these services are contracted we require the business associate to appropriately safeguard your information.**

- **Research**  
We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Funeral Directors**  
We may disclose health information to funeral directors to carry out their duties consistent with applicable law.
- **Food And Drug Administration (FDA)**  
We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers Compensation**  
We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public Health**  
As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Appointment Reminders**  
We may contact you or a family member at the phone number you have provided to us as a reminder that you have an appointment.
- **Communication With Family**  
Health professionals, using their best judgment, may disclose to a family member, other relative, or close personal friend (or any other person you may identify) health information relevant to that person's involvement in your care or payment related to your care.
- **Law Enforcement**  
We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

**I have been presented with a copy of the Notice of Privacy Practices, detailing how my health information may be used or disclosed as permitted under federal and state law, and outlining my rights regarding my health information.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship (if not signed by patient):** \_\_\_\_\_

**Internal Use Only**

If patient/patient's representative refuses to sign acknowledgement, please document date and time notice was presented to patient and sign below.

Presented on (date and time): \_\_\_\_\_

By (name and title): \_\_\_\_\_