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|  |  |  |  |  |  | **V. Wally Mardovin M.D.** |
|  |  |  |  |  |  | **Gaurav Pahouja M.D.**  **James Colombo M.D.**  **Eric Espinosa M.D.** |
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|  |  |  |  |  |  | **Cody Franklin PA-C** |
|  |  |  |  |  |  | **Julian Clouse PA-C** |
| 1164 E Home Rd, Suite J, **Springfield**, OH 4550 - 900 Scioto St, **Urbana**, OH 43078  2365 Lakeview Dr, Suite C, **Beavercreek**, OH 45431 - 1157 North Monroe, Suite 230, **Xenia**, OH 45385  **937-342-9260(p) 937-342-9262 (f)** | | | | | | | | |
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**Patient Privacy Form**

The Department of Health and Human Services has established a “Privacy Rule” to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients’ consent for used and disclosures of health information about the patient to carry out treatment, payment, and/or health care operations.

As our patient we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information about treatment, payment, or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you, and may have to disclose personal health information for purposes of treatment, payment, and/or appointment reminders, as required by law, business associates, law enforcement, or health care operations. These entities are most often not required to obtain patient consent. For a full list of who we may disclose your protected health information to please refer to our “Notice of Privacy Practices” which is posted in the office waiting room, or you may request a paper copy.

It is our policy to properly determine appropriate uses of PHI in accordance with the governmental rules, laws, and regulations. We want to ensure that our practice never contributes in any way to the improper discloser of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent an inappropriate use of PHI.

Your rights are as follows:

* Right to inspect and copy your PHI.
* Right to a summary or explanation.
* Right to get notice of a breach.
* Right to request amendment.
* Right to an accounting of disclosures.
* Right to request restrictions.
* Right to request confidential communication
* Right to a paper copy of this notice.

A full explanation of our privacy practices can be found posted in our waiting room, or you may request a paper copy.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_