NOTICE OF PRIVACY PRACTICES

Effective Date: September 06, 2026

Kishore Maganty, MD
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522 N New Ballas Rd, Ste 210
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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.

Your health information is personal, and we are committed to protecting its privacy. This Notice describes our legal duties, privacy practices, and your rights regarding your protected health information ("PHI").

We are required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice describing our legal duties and privacy practices.
- Notify you if a breach occurs that may have compromised the privacy or security of your PHI.
- Follow the terms of the Notice currently in effect.

We reserve the right to change the terms of this Notice. Any revised Notice will apply to all PHI we maintain and will be available at our office and upon request.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your PHI without your written authorization for the following purposes:

Treatment

We may use or share your PHI with physicians, nurses, hospitals, pharmacies, laboratories, and other healthcare professionals involved in your care. For example, we may share information with another physician to coordinate your treatment or refer you for additional care.

Payment

We may use or disclose your PHI to bill for and receive payment for services provided to you. For example, we may share information with your health plan to verify coverage, obtain prior authorization, or process claims.

Healthcare Operations

We may use or disclose your PHI for office operations, quality improvement, staff training, credentialing, compliance, and business management. For example, we may review records to evaluate the quality of care provided in our practice.

Appointment Reminders and Health-Related Services

We may contact you regarding appointments, test results, treatment alternatives, or health-related benefits and services that may be relevant to your care.

Individuals Involved in Your Care

Unless you object, we may share relevant PHI with a family member, friend, or other person involved in your care or payment for your care. We may also disclose information to assist in notifying a family member or other responsible person of your location, condition, or death.

Public Health and Safety Activities

We may disclose PHI for public health purposes, including reporting certain diseases, adverse reactions to medications, product recalls, suspected abuse or neglect, or other matters required by law.

Health Oversight Activities

We may disclose PHI to health oversight agencies for audits, investigations, inspections, licensure, and other activities authorized by law.

Legal Proceedings and Law Enforcement

We may disclose PHI in response to a court order, subpoena, warrant, or other lawful process, or as otherwise required or permitted by law.

Workers' Compensation and Other Government Functions

We may disclose PHI as authorized by workers' compensation laws or for certain government functions, including military, national security, correctional, and protective services activities.

To Avert a Serious Threat to Health or Safety

We may use or disclose PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Organ and Tissue Donation

We may disclose PHI to organizations involved in organ, eye, or tissue donation and transplantation.

Coroners, Medical Examiners, and Funeral Directors
We may disclose PHI to these individuals as necessary to carry out their duties.

Uses and Disclosures Requiring Your Written Authorization

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice, except as otherwise permitted or required by law.

Your written authorization is generally required for:

- Most uses and disclosures of psychotherapy notes, if applicable.
- Most uses and disclosures of PHI for marketing purposes.
- Disclosures that constitute a sale of PHI.

You may revoke an authorization at any time in writing. Your revocation will not affect any use or disclosure already made in reliance on your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy
You have the right to inspect and obtain a copy of your medical and billing records, subject to limited exceptions. We may charge a reasonable, cost-based fee for copies, mailing, or electronic media.

Right to Request an Amendment
You have the right to request an amendment to your PHI if you believe information in your record is incorrect or incomplete. Your request must be made in writing and explain the reason for the requested amendment.

Right to an Accounting of Disclosures
You have the right to request a list of certain disclosures of your PHI made by our office during the prior six years, subject to exceptions under applicable law.

Right to Request Restrictions
You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or healthcare operations. We are not required to agree to most requested restrictions.

If you pay for a healthcare service or item in full out of pocket, you may request that we not disclose information about that service or item to your health plan for payment or healthcare operations purposes. We will comply with this request unless disclosure is required by law.

Right to Request Confidential Communications
You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, you may request

contact only at a particular telephone number or mailing address. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your PHI, subject to applicable law.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized or retaliated against for filing a complaint.

To file a complaint with our office or request additional information about this Notice, contact:

Privacy Officer

Kishore Maganty, MD
522 N New Ballas Rd, Ste 210
St. Louis, MO 63141
Phone: 314-328-5930
Fax: 314-328-5933

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775