

## **Kidney Clinic**

### **Notice of Privacy for Protected Health Information (PHI)**

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!!!

If you consent, this office is permitted by federal privacy laws to use and make disclosures of your health information for purposes of treatment, payment and health care operations. Protected Health Information (PHI) is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnosis, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes:

1. A nurse obtains treatment information about you and records it in a health record.
2. During the course of your treatment, your doctor may determine that he/she will need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain his/her input.

Example of use of your health information for payment purposes:

We submit requests for payment to your health insurance company. The health insurance company (or another business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Example of use of your information for Health Care Operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

## **Your Health Information Rights**

The health and billing records we maintain are the physical property of Kidney Clinic. The information in it, however, belongs to you. You have a right to:

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted.
2. Obtain a paper copy of the Notice of privacy Practices for Protected Health Information (Notice) by making a request at our office.
3. Request that you be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering the request in writing to our office using the form we provide to you upon request.
4. Appeal a denial of access to your Protected Health Information except in certain circumstances.
5. Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. The Physician or other health care provider is not required to make such amendments.
6. File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your Protected Health Information.

7. Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.
8. Request that communications of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we provide upon request.
9. Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact the Practice Manager, (Appointed as Privacy Officer) at 770-304-3724 during normal business hours. He/She will provide you with assistance on the steps to take to exercise your right.

You have the right to review this notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment and health care operations purposes.

### **Our Responsibilities**

1. Maintain the privacy of your health information as required by law.
2. Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Notify you if we cannot accommodate a requested restriction or request.
5. Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and to enact new provisions regarding the Protected Health Information we maintain. If our information practices change, we will amend our notice.

You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" by visiting our office for a copy or on our website.

### **To Request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, please contact our Practice Manager, (Appointed as Privacy Officer) at 37 Calumet Parkway, Building H, Suite 100, Newnan, GA 30263. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

We cannot and will not require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from our office.

We cannot and will not retaliate against you for filing a complaint with Secretary of Health and Human services.

### **Law Enforcement**

We may disclose your Protected Health Information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in custody of law enforcement.

### **Health Oversight**

Federal law allows us to release your Protected Health Information to appropriate health oversight agencies or for health oversight activities.

### **Judicial/ Administrative Proceedings**

We may disclose your Protected Health Information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

**Serious Threat to Health or Safety**

To avert a serious threat to health or safety, we may disclose your Protected Health Information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

**For Specialized Governmental Functions**

We may disclose your Protected Health Information for specialized government functions as authorized by law such as to Armed forces personnel, for national security purposes, or to public assistance program personnel.

**Other Uses**

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with written authorization and you may revoke the authorization as previously provided.

**Effective Date: April, 2003**