

# ASSOCIATES IN NEPHROLOGY

## 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.

### Understanding Your Health Records/Information

Each time you visit a hospital, physician, or other healthcare provider, 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.
- A means of communication among the many health professionals who contribute to your care.
- A legal document describing the care you received.
- A means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.
- An understanding of what is in your record and how your health information is used to help you to:
  - (a) Ensure its accuracy.
  - (b) Better understand who, what, when, where, and why others may access your health information.
  - (c) Make more informed decisions when authorizing disclosure to others.

### Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided for in 45 CFR 164.522.
- Obtain a paper copy of the notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided for in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided for in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

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## ***Notice of Privacy Practices***

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 access 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 services we provide.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include diagnostic services, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so it can perform the job we have asked it to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: As it is our practice, we will notify you by telephone of upcoming appointments, abnormal test results, and other concerns deemed significant by our health professionals. If you are not home, we typically leave a message on your answering machine or with a household member for you to return our call. You will be asked on our acknowledgement of receipt of privacy notice form to inform us if you wish for us to continue this practice and to designate household member(s) with whom we may leave a message.

Communication with Family: Health professionals using their best judgment may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. You will be asked on our acknowledgement of receipt of privacy notice form to designate the person(s) to whom we may disclose health 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 insure the privacy of your health information.

Funeral Directors: We may disclose information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.