

## Mid-Atlantic Nephrology Associates

### **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.**

This notice takes effect on April 14, 2003 and remains in effect indefinitely. Changes may be made to this policy at any time.

#### **I. OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION OR PHI**

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will inform you of the ways we may use or share PHI about you. This notice will also describe your rights and certain duties we have regarding the use or disclosure of PHI.

#### **II. OUR LEGAL DUTY**

##### **Law requires us to:**

1. Keep your PHI private.
2. Give you this notice describing our legal duties, privacy practices and your rights regarding your PHI.
3. Follow the terms of the notice now in effect.

##### **We have the right to:**

1. Change our policy practices and the terms therein at any time, provided the changes are permitted by law.
2. Make any new terms or changes effective for all PHI including any PHI created or received before changes took effect.

##### **Notice of change to privacy practices:**

Any changes made to this policy of privacy practices will be made available upon request.

#### **III. USE AND DISCLOSURE OF YOUR PHI**

The following section describes different ways we use and disclose PHI. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose PHI. We will not use or disclose your PHI for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked by you in writing at any given time.

**FOR TREATMENT:** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to other doctors, nurses, technicians, case workers, medical students, physical therapists and physical therapy students or other people involved in your care. We will occasionally contact you by telephone or mailings, at telephone numbers or addresses you have listed. We may also leave a message on an answering machine, voice mail or with the individual answering the telephone at the number you have listed regarding your appointments or changes in your medical regimen including medication changes.

**FOR PAYMENT:** We may use or disclose your PHI for payment purposes.

**FOR HEALTH CARE OPERATIONS:** We may use or disclose your PHI for our health care operations. This may include measuring and improving quality of care, evaluating the performance of employees, conducting training programs and getting accreditation, certificates, licenses and credentials we need to serve you. We may discuss your care with you during the course of your treatment and this may occasionally be overheard by other patients.

**ADDITIONAL USES AND DISCLOSURES:** In addition to using or disclosing your PHI for treatment, payment and health care operations, we may use or disclose PHI for the following purposes:

1. **NOTIFICATION:** PHI may be used to notify or help notify a family member, your personal representative or another person responsible for your care. We will share information about your medical regimen, general condition or death. If you are present, we will get your permission to share your PHI. In the case of an emergency, if you are unable to give permission to share your PHI, we will share only the PHI that is directly necessary for immediate health care, according to our professional judgement. We will also use professional judgement to make decisions in your best interest relating to allowing someone to pick-up medications, medical supplies, x-rays or PHI regarding you.
2. **DISASTER RELIEF:** PHI will be shared with public or private organizations or persons who can legally assist in disaster relief efforts.
3. **RESEARCH IN LIMITED CIRCUMSTANCES:** PHI for research purposes will be shared in limited circumstances where the research proposal has been approved by a review board and protocols have been established to ensure the privacy of PHI.
4. **FUNERAL DIRECTOR, CORONER, MEDICAL EXAMINER:** To help them carry out their duties, we may share PHI of a person who has died, with a coroner, medical examiner, funeral director or an organ procurement organization.
5. **SPECIALIZED GOVERNMENT FUNCTIONS:** Subject to certain requirements, we may disclose or use PHI for military personnel and veterans for national security and intelligence activities, protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations or for government programs providing public benefits including disability determination.
6. **COURT ORDERS AND JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** We may disclose PHI in response to a court or administrative order, subpoena, discovery request or other lawful process under certain circumstance. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may share PHI with a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim or missing person. We may share the PHI of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.
7. **PUBLIC HEALTH ACTIVITIES:** As required by law, we may disclose PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your PHI to persons subject to jurisdiction of Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements to truck products or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.
8. **VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE:** We may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may share PHI if it is necessary to prevent a serious threat to your health or safety, or the health or safety of others. We may share PHI when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.
9. **WORKERS COMPENSATION:** We may disclose PHI when authorized and necessary to comply with laws relating to workers compensation or other similar programs.
10. **HEALTH OVERSIGHT ACTIVITIES:** We may disclose PHI to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative or criminal investigation or proceedings, inspections, licensure or disciplinary actions or other authorized activities.
11. **LAW ENFORCEMENT:** Under certain circumstances, we may disclose PHI to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reporting limited information concerning crimes at the request of a law enforcement official, reporting death, crimes on our premises and crimes in emergencies.

#### IV. YOUR INDIVIDUAL RIGHTS

**You have a right to:**

1. Look at or get copies of your PHI. You must make your request in writing. If you request copies we will charge you a fee of \$.50 for the first 50 pages and \$.25 for each additional page and postage if you want the copies mailed. You have the right to receive the requested copies in 30 days of the date you requested PHI plus a one time 30 day extension if needed.
2. You have the right to receive a list of all the times we or our business associates shared your PHI for purposes other than treatment, payment or health care operations and other specified exceptions.
3. You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. You have the right to request that we communicate with you about your PHI by different means or to different locations. Your request that we communicate your PHI to you by different means or at different locations must be made in writing to our office.
5. You have the right to request that we change your PHI. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the PHI you wanted changed. If we accept your request to change the PHI, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that PHI.
6. If you have received this notice electronically and wish to receive a paper copy, you have the right to obtain a paper copy by making a request at our office.

If you have any questions regarding this notice or if you think we may have violated your privacy rights, please contact our office. You may also submit a written complaint to the US Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

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