

## NOTICE OF PRIVACY PRACTICES

Effective 4-08-2014

I. 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.

"Medical information," as used in the paragraph above, may not completely describe the type of information Nephrology-Hypertension Specialists, hereinafter referred to as NHS, may use and disclose. Information about your past, present, or future health or condition, the provision of health care or other services to you, or payment for services rendered, if such information does or could be used to identify you, is considered "Protected Health Information" ("PHI") under the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and federal regulations issued thereunder (collectively, the "HIPAA Privacy Rule"). Included in your PHI, for example, are your treatment or service records, your name and address, and your insurance or other health benefit information. This Notice describes potential uses and disclosures of your PHI, as well as your rights with respect to your PHI.

If you have any questions about this notice, contact our Privacy Officer at 215-348-8020.

### II. Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care you receive at this office to provide you with quality care and to comply with legal requirements. This notice will tell you about the ways in which we use and disclose your medical information. We also describe your rights and the obligations we have regarding the use and disclosure of medical information.

III. You should read this Notice of Privacy Practices before signing the attached "Acknowledgement of Receipt of Notice of Privacy Practices."

### IV. Our Duty to Safeguard Your Protected Health Information.

Under the HIPAA Privacy Rule, NHS is required to extend certain protections to your PHI, and to give you this notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum PHI to accomplish the purpose of the use or disclosure.

We are required to follow the privacy practices described in this notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. If we do so, we will post a new notice at the office. You may request a copy of any new notice by contacting our Privacy Officer at 215-348-8020.

### V. How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. For some uses and disclosures, we must have your written authorization, for others, no authorization is required. The following offers more description and examples of our potential uses/disclosures of your PHI:

A. For Treatment. We may use information about you to provide you with medical treatment. We may disclose medical information about you to office staff and others involved in your case.

B. For Payment. We may use and disclose information about you for insurance and payment services.

C. For Health Care Operations. We may use and disclose information about you for practice operations to make sure that you receive quality care and for learning purposes.

D. Appointment Reminders. We may use and disclose information to contact you about appointments.

E. Phone Messages. Call Backs. We may call and leave messages with whoever answers the phone at your house or on your answering machine unless directed otherwise.

F. Faxing. We fax only to secure lines such as physicians' offices.

G. Treatment Alternatives. We may use and disclose information to tell you about treatment options.

H. Health-Related Benefits and Services. We may tell you about health-related benefits or services.

I. Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in or helps pay for your medical care. We may disclose medical information about you to assist in a disaster relief effort.

J. Healthcare Professionals. Including physicians, nurses, and technicians—in the Doylestown Clinical Network—may access your demographic information for the purposes of providing you care.

## VI. Research.

Under certain circumstances, we may use and disclose medical information about you for research purposes. We will not use or disclose information about you until a special approval process, which evaluates the use of medical information, has approved the research project. We may disclose information about you to people preparing to conduct a research project so long as the information they review does not leave the practice.

## VII. As Required by Law.

We will disclose information about you when required to do so by law.

## VIII. To Avert a Serious Threat to Health or Safety.

We may use and disclose information about you to prevent a serious threat to your health and safety, the public or to another person.

## IX. Special Situations:

A. Organ and Tissue Donation. If you are an organ donor, we may release information to organ banks.

B. Military and Veterans. We may release information about military personnel as required.

C. Workers' Compensation. We may release information about you for workers' compensation.

D. Public Health Risks. We may disclose information about you for public health activities.

E. Health Oversight Activities. We may disclose information about you to a health oversight agency.

F. Lawsuits and Disputes. We may disclose information about you in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request.

G. Law Enforcement. We may release information to a law enforcement official as required by law.

H. Coroners, Medical Examiners and Funeral Directors. We may release information to a coroner, medical examiner or funeral director as necessary.

H. National Security and Intelligence Activities and Protective Services for the President. We may release information about you to authorized federal officials for national security activities.

I. Inmates. We may release information about inmates to a correctional institution or law enforcement.

#### X. Other Situations:

We will NOT disclose any information about you in the following situations without your authorization.

A. Uses and disclosures of psychotherapy notes

B. Uses and disclosures of PHI for the purpose of marketing and fundraising.

C. Uses and disclosures that involve the selling of PHI.

#### XI. Right to an Accounting of Disclosures.

You have the right to request a list of the accounting of disclosures we made of your medical information. You must submit your request in writing to our Privacy Officer. Your request must state a time period, no longer than six years, and indicate whether you want the list on paper or electronic. Your first requested list within a year is free.

#### XII. Right to Request Restrictions.

You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, or health care operations or to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed in an emergency. You must make your request in writing to NHS, 599 W State St, Suite 100, Doylestown, PA 18901, Attn: Privacy Officer. You must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

#### XIII. Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or location. You must make your request in writing to Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We have the right to deny your request.

#### XIV. Right to a Paper copy of This Notice.

You have the right to a paper copy of this notice. You must ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.nephrologyhypertension.com](http://www.nephrologyhypertension.com). To obtain a paper copy of this notice, make a request at front desk and sign a Receipt of Notice of Privacy Practices.

**XV. Changes to this Notice:**

We reserve the right to change this notice and make the revised notice effective for information we already have about you as well as any future information. We will post a copy of the current notice in the office. Each time you register at the office we will offer you a copy of the current notice.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact our Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Other Uses of Medical Information:**

Other uses and disclosures of information not covered by this notice will be made only with your written permission. You may revoke that permission in writing at any time. Understand that we are unable to take back any permitted disclosures, and that we are required to retain records of your care.

**XVI. You have the following rights regarding medical information we maintain about you:**

**Right to Inspect and Copy.** You have the right to inspect and copy your medical information.

This includes medical and billing records, but does not include psychotherapy notes. You must submit your request in writing to our Privacy Officer. We may charge a fee for the costs of copying. We may deny your request to inspect and copy. You may request that the denial be reviewed. Another neutral health care professional, not the person who denied your request, will review your request and the denial. We will comply with the outcome of the review.

**Right to Amend.** If you feel that your information is incorrect or incomplete, you may ask us to amend the information. You may request an amendment as long as the office has this information. Your request must include the reason, be made in writing and submitted to our Privacy Officer. We may deny your request if you ask us to amend information not created by us, unless the person that created the information is no longer available; is not part of the information kept by the practice; is not information which you would be permitted to inspect and copy; or is accurate and complete.

**XVII. Right to Opt-Out**

As a member of the HealthShare Exchange of Southeastern Pennsylvania, Inc., (HSX), we may use or disclose your Personal Health Information to this Health Information Organization (HIO) and also to the HIO of the Commonwealth, The Pennsylvania Patient and Provider Network (P3N). Other health care providers, such as physicians, hospitals, and other health care facilities, may have access to this information for treatment, payment and other purposes, to the extent permitted by law. You have the right to “opt-out” or decline to participate in the Health Information Exchange (HIE). If you choose to opt-out of the HIE, we will not use or disclose any of your information in connection with HSX or P3N.