

**Nephrology Associates of Tidewater, Ltd.**  
**Notice of Privacy Practices**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

**A. OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of your PHI. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- < How we may use and disclose your PHI
- < Your privacy rights in regard to your PHI
- < Our obligations concerning the use and disclosure of your PHI
- < How you can lodge a complaint

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

Privacy Officer/Administrator  
Nephrology Associates of Tidewater, Ltd.  
6160 Kempsville Circle, Suite 302A  
Norfolk, Virginia 23502  
757-466-9288

**C. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS**

The following categories describe the different ways in which we may use and disclose your PHI.

1. **Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your friends or family members involved in your care.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as friends or family members. Also, we may use your PHI to bill you directly for services and items.
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, to conduct cost-management and business planning activities for our practice, or to train new healthcare workers.
4. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
5. **Appointment Reminders, Test Results.** Our practice may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at our office. In addition, we may use and disclose PHI to notify you of test results.
6. **Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family member who is involved in your care or who assists in taking care of you. For example, a guardian may ask that a neighbor take their parent or child to the physician's office for treatment. This neighbor may have access to this patient's medical information. We may also release information to friends or family members involved in your payment for health services we provide.
7. **Disclosures Required By Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.
8. **Research.** Under certain circumstances, our practice may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with the individuals' need for privacy of their PHI. Before we use or disclose PHI for research, the project will have been approved through this research process, but we may, however, disclose PHI about you to people preparing to conduct a research project. For example, we may disclose PHI to help them look for patients with specific medical needs, so long as the PHI they review does not leave our office. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

9. **Public Health Risks.** Our practice may disclose your PHI for public health activities and purposes to public health authorities that are authorized by law to collect information. These activities and purposes may include the following purposes:

- ◆ Maintaining vital records, such as births and deaths
- ◆ Reporting child abuse or neglect
- ◆ Preventing or controlling disease, injury or disability
- ◆ Notifying a person regarding potential exposure to a communicable disease
- ◆ Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- ◆ Reporting reactions to drugs or problems with products or devices
- ◆ Notifying individuals if a product or device they may be using has been recalled
- ◆ Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse, neglect or domestic violence
- ◆ Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

10. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general. We may use your information to report diseases to the health department.

11. **Lawsuits and Similar Proceedings.** Our practice may disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

12. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

- ◆ Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- ◆ Concerning a death we believe has resulted from criminal conduct
- ◆ Regarding criminal conduct at our offices
- ◆ In response to a warrant, summons, court order, subpoena or similar legal process
- ◆ To identify/locate a suspect, material witness, fugitive or missing person
- ◆ In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

13. **Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

14. **National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

15. **Organ and Tissue Donation.** If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement or organ, eye or tissue transportation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

16. **Military and Veterans.** If you are a member of the armed forces, we may disclose PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

17. **Workers' Compensation.** We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

18. **Coroners, Medical Examiners and Funeral Directors.** We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI about an individual to a funeral director as necessary to carry out their duties.

19. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

20. **Fundraising.** We may contact you to raise funds. We may use and disclose certain of your PHI, including demographic data, dates of health care provided, the department from which you received services, the name of the treating physician, outcome information and health insurance status, to a business associate or institutionally related foundation for fundraising purposes without your authorization. You have the right to opt out of receiving fundraising communication from us, our business associates and our institutionally related foundations. Each fundraising communication will provide you with a clear opportunity to elect not to receive further fundraising communications.

#### D. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work, or to send communications

in a sealed envelope instead of a postcard. You may be asked to pay for additional costs incurred to comply with your request. In order to request a type of confidential communication, you must make written request to our Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

**2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI only to certain individuals involved in your care or the payment for your care, such as family members and friends. You may request to not have trainees or others involved in your care. You also have the right to restrict certain disclosures of your PHI to a health plan if you have paid in full out-of-pocket for the health care item or service. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; and
- (c) to whom you want the limits to apply.

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer at the address listed above, in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying or mailing associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**5. Accounting of Disclosures.** All of our patients have the right to request an accounting of certain disclosures that our practice has made of your PHI. We are not required to list disclosures of your PHI made for treatment, payment or health operations, or pursuant a signed authorization or where you did not orally deny authorization, or of certain disclosures required by law. An example of treatment, payment, or health operations excluded from an accounting from paper charts include: the doctor sharing information with the nurse, the billing department using your information to file your insurance claim, and discussion of your PHI for purposes of improving our health care delivery system. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address listed above. All requests for an accounting of disclosures must state a time period, which may not be longer than six (6) years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**6. Notice of Breach.** You have a right to receive, and we will provide you with, notice if a breach of your unsecured PHI occurs.

**7. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You will be offered a copy on your first visit to the practice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our Privacy Officer at the address listed above. This Privacy Notice is posted in our reception area for your review.

**8. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice, or with the Secretary of the Department of Health and Human Services; Office of Civil Rights, 200 Independence Avenue, SW, Washington, D.C., 20201, or phone (202) 619-0257 or toll free (877) 696-6775. To file a complaint with our practice, contact the Privacy Officer at the address listed above. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**9. Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not covered by this notice or permitted by applicable law, such as for research or marketing. Most uses and disclosures of psychotherapy notes (if we maintain any), uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI will require your written authorization. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

If you have any question regarding this notice or our health information privacy policies, please contact our Privacy Officer at the address listed above.

This Notice of Privacy Practices is effective as of September 10, 2013.



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## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

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I understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information (PHI). I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications

I received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my PHI. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time to obtain a current copy of the *Notice of Privacy Practices*.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MR# (Practice Use): \_\_\_\_\_

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### PRACTICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement of the Notice of Privacy Practices Acknowledgement but was unable to do so as documented below:

Date:	Initials:	Reason: