

NOTICE OF PRIVACY PRACTICES FOR OHIO KIDNEY CONSULTANTS, INC.

This Notice describes how medical information about you as a patient may be used or disclosed and how you can get access to this information. Please read it carefully.

If you have any questions about our Privacy Practices, including your rights and ability to voice your concerns, please call Julie Barnes, our Privacy Officer, at (614) 538-2250

Dear Patient: The confidentiality of your health information is important to us. As doctors, we rely on you to give us complete and accurate information about your condition, symptoms and health history to make a diagnosis and treat you. We appreciate how you trust us with this information. We want you to know about the privacy practices in our office that are intended to safeguard the proper use and disclosure of your health information.

We Want You to Know about HIPAA’s Privacy Rule and Why You Are Receiving This Notice.

A law called “HIPAA” protects the use and disclosure of patient health information. Doctors are required by law to keep medical records confidential. We may use or disclose your health information in ways the law permits, or as you authorize us to in writing. HIPAA requires us to give all patients this Notice, which explains our legal obligations and how we may use or disclosure your health information. It also describes our privacy practices and your legal rights.

We are pleased to give you this Notice, so you may understand how we protect your health information. We may amend our practices in the future. If we amend our practices, the changes will apply to all of your records. We will post any changes to our Notice at the reception window. You may request a copy of our most current Notice.

Our privacy practices follow HIPAA’s Privacy Rule. Please ask us to explain any term you do not understand. Please keep this Notice. It is intended to help answer questions you might have in the future.

We Want You To Know About Our Privacy Practices for Protecting Your Health Information:

❖ How We Use and Disclose Health Information for Treatment, Payment, and Health Care Operations.

HIPAA’s Privacy Rule allows us to use and disclose your health information for treatment, payment, and health care operations, without your having to sign an Authorization.

Treatment. For example, our doctors and nurses will use your health information to treat you in our office. We may ask the hospital or other providers to send us radiologic records or laboratory tests. We may disclose health information to your pharmacy to fill your prescription or to other doctors and health care providers providing you treatment.

Our records may contain information that we receive from other sources, such as the hospital (if you have been a patient or had tests performed there). If another doctor of facility that is treating you asks for your office record, our general policy is to send the entire record. We believe that is in the patient’s best interest for treatment purposes. If you have a concern about our sending the entire record, please let us know.

Payment. An example of our using and disclosing health information for payment purposes is when we check with your health insurance about eligibility or coverage. We also need to disclose certain health information when we send a claim to your health insurance for payment of treatment we

provided. The law allows us to turn over certain information to collection agencies if you do not pay your bill.

Operations. We may use health information for health care operations, for example, when we evaluate our own performance in providing you treatment and service.

Business Associates. On occasion, we may use outside persons called “Business Associates” to perform services for us. We have entered into contracts with Business Associates to make sure they protect the privacy of your health information.

❖ Use and Disclosure of Health Information You Authorize and Your Right to Revoke Authorization.

We will not use or disclose your health information for purposes other than treatment, payment, or health care operations (unless required to do so by law) without your signed, written Authorization.

For example, we will not give medical information about you to your employer without your Authorization.

To protect the doctor-patient privilege, our general policy is not to disclose your medical records, even if we receive a subpoena, unless you sign an Authorization or we receive a court order.

We will ask you to sign an Authorization if you take part in certain research studies.

You may ask us to disclose health information to persons who are not covered by HIPAA. Once that information is disclosed, HIPAA no longer applies.

You may revoke (cancel) the Authorization in writing at any time. Once we receive your written revocation, we will no longer use or disclose health information. We cannot be held responsible for any use or disclosure of health information, permitted by the Authorization, before we received your written revocation.

❖ Use and Disclosure of Information Without Written Authorization, As Permitted or Required by Law

We may use or disclose health information, without an Authorization, as permitted or required by law, such as:

Workers’ Compensation. Ohio law permits us to disclose health information, without a separate Authorization, when an employee files a Workers’ Compensation Claim or seeks benefits under other State programs.

Public Health Agencies. Ohio law requires us to disclose health information to public health agencies to help control and track disease, injury or disability. The law also requires us to report cases of suspected abuse, neglect, and domestic homicide.

FDA and OSHA. Certain Federal laws, such as FDA and OSHA, require us to report adverse events, product problems, and biological product deviations, so safety precautions, recalls and notifications can be conducted.

Regulatory Agencies. Certain Ohio and Federal governmental regulatory agencies require us to disclose health information for the purpose of monitoring compliance.

Organ Procurement. We may use or disclose certain information to organ procurement organizations necessary for organ donations.

National Security. We may be required by the government to disclose information concerning patients who are in the Armed Forces or for National Security purposes.

Coroner and Funeral Directors. We may disclose health information to the Coroner or to a funeral director to perform legally authorized responsibilities.

Law Enforcement and Safety. We may disclose health information to law enforcement officials, so long as that information: (1) is limited to identification purposes; (2) applies to victims of crime; (3) involves a suspicion that injury or death has occurred because of criminal conduct; (4) is needed in a criminal investigation; (5) necessary to prevent or lessen the threat to the health or safety of a person or to the public; or (6) is otherwise required by law.

❖ Our Privacy Practices in the Event of a Data Breach

We are required by law to maintain the privacy of your PHI, to provide you with this notice as to our legal duties and privacy practices with respect to your PHI we maintain and collect, and notify you if we discover a breach of any of your PHI that is not secured in accordance with federal guidelines. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

❖ Our Privacy Practices for Contacting You and Sharing Information with Family Members

We may contact you for scheduling or reminding you of an appointment, giving you test results, or informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may contact you by mail or we may call you. If we contact you by mail, we will address the card or envelope to you. Test results or other health information will be sent in a sealed envelope.

If we contact you by phone, we will simply identify our office and ask to speak with you. If you are not available, we will leave a message with the person answering the telephone either asking you to call us and/or briefly relaying the reason for the call. If you have an answering machine, we will identify our office and telephone number with a brief message regarding the purpose of the call. Please let us know in writing if you do not want us to leave any messages with others in your household or on your answering machine.

Most of our patients would like us to be able to discuss health information with family members or others who are assisting in their care. For example, we may answer questions your spouse may have about your condition. Please let us know in writing if you do not want us to discuss your health information with family members.

We Want You to Know Your Rights under the Privacy Rule and Our Privacy Practices.

❖ You have the right to request and receive from us confidential communications about health information by alternative means or at alternative locations.

Our general policy is to contact you by mail or by telephone at your home address or telephone number. You have the right to request in writing that we contact you confidentially by alternative

means or at alternative locations. You do not have to explain why you are making this request. Our policy is to honor reasonable requests. If we cannot honor your request, we will let you know why.

❖ You have the right to request restrictions on certain use and disclosures of health information.

You may request that we restrict certain uses or disclosures of your health information by completing a Request for Restriction form. With your request, you must tell us what information you want to limit and to whom you want the limitations to apply; for example, use of any PHI by a specified nurse, or disclosure of specified surgery to your spouse. You may present or mail the completed form to us.

This request may involve certain restrictions connected with treatment, payment or health care operations. It also may involve a request that we do not disclose health information with family members, friends or others who are involved in caring for you.

HIPAA's Privacy Rule gives all doctors the right to deny a patient's request to restrict the use or disclosure of health information. While we will consider reasonable requests, it is our general policy and practice not to restrict the use or disclosure of health information necessary for providing or arranging treatment or taking care of you. It is our general practice not to restrict the use or disclosure of health information when submitting a claim to insurance or a health plan for reimbursement.

We are not required to agree to your request for restrictions, except if you pay for a service entirely out-of-pocket. If you pay for a service entirely out-of-pocket, you may request that information regarding the service be withheld and not provided to a third party payor for purposes of payment or health care operations. We are obligated by law to abide by such restriction.

We will notify you of our decision regarding the requested restriction. If we do agree to your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

❖ You have a right to access, inspect and copy your own health information.

You have the general right to access, inspect and copy your own health information that we maintain in a designated record set (information we have created or maintained in connection with treating you).

You may request access to your Protected Health Information by completing the Request for Access form and presenting or sending it to us.

Our practice is to consider all requests according to our legal responsibilities under the Privacy Rule. We generally will act on your request within 30 days from the time we receive the completed form (if the form is incomplete, we will ask you to complete it). In some circumstances, it may take more than 30 days, in which case we will let you know and will act on your request as soon as reasonably possible.

If we grant your request, we will contact you to set up an appointment for you to inspect your health information and request a copy of it. You may not make changes in the original record.

Alternatively, at your request, you may have a summary or explanation of your health information instead of inspecting or copying your records.

Under HIPAA and state law, we may charge you for a summary or for copying costs (supplies and labor) and postage. Any applicable charges will be in compliance with Ohio Rev. Code Ann. § 3701.741 and other applicable laws.

If we are unable to grant your request, we will notify you in writing of the basis for the denial and your rights for review of your denial.

❖ You have the right to amend incorrect or incomplete facts in your health information.

You may request to amend incorrect or incomplete health information in your record by completing our written request form and presenting it or mailing it to us. We will respond to your request within 60 days from the time we receive your completed form (if your form is not complete, we will let you know what needs to be completed).

We will consider your request and will grant it, if permitted by law. If we grant your request, we will amend the health information in the designated record set. We will also inform you that we have made the amendment and will notify persons who have received and may have relied on health information that has been amended.

If we deny your request, we will: (1) notify you in writing of the basis for that denial; (2) inform you of your right to submit a written statement of disagreement and provide you with the appropriate form, which we will keep with your record and will include with future disclosures; and (3) inform you of your right to file a complaint. If you file a statement of disagreement, we may prepare a written rebuttal statement.

❖ You have a right to receive an accounting of disclosures of health information.

You have a right to receive an accounting of disclosures we have made to others of your health information. This right is limited and does not require us to provide you with an accounting of disclosures made for: (1) treatment, payment and health care operations; (2) disclosures made to you or your legal representative; (3) disclosures made according to your Authorization; or (4) disclosures made before April 14, 2003. To request an accounting, please complete the Request for Accounting form.

❖ You have a right to appoint another to exercise your rights and make choices about your health information.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

PATIENT CONCERN AND COMPLAINT RESOLUTION PROCEDURE

We at Ohio Kidney Consultants are committed to protecting your health information. Despite our good faith efforts, there may be times when questions, concerns, or problems arise. If you have a concern or believe we may have violated your Privacy rights, we encourage you to bring that to our attention immediately. You may do so by filling out a complaint form or (if you feel more comfortable) you may tell us your concern by calling (614) 538-2250 and speaking with our Privacy Officer. You may identify yourself or remain anonymous.

We take all concerns and complaints very seriously and will investigate each one promptly. If we made a mistake, we will do what we can to correct it and take steps to prevent such mistakes from recurring. If we did not make a mistake, we will provide you with an explanation (unless you expressed your concern anonymously). We will make every effort to complete our investigations within 30 days.

You also have the right to contact the Department of Health and Human Services Secretary if you believe your privacy rights have been violated. Complaints to the Secretary of the Department of Health and Human Services must be in writing, must name Ohio Kidney Consultants, must describe the acts or omissions that are the subject of the complaint, and must be filed within 180 days of the time the patient became aware or should have become aware of the violation.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Under no circumstances will we “retaliate” against you for expressing a concern or filing a complaint relating to your Privacy rights.