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ACUTE AND CHRONIC DIALYSIS
HYPERTENSION
KIDNEY DISEASE
VASCULAR ACCESS

AMELIA K. KLOCKE, B.S.
PRACTICE ADMINISTRATOR

Notice of Privacy Practices for Protected Health Information

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.

This office is required by a federal regulation, known as the HIPAA Privacy Rule, to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. This office will not use or disclose your health information except as described by this Notice.

This office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operation. Protected health information is the information we create and obtain in providing our services to you. The health information about you is documented in a medical record or on a computer. Such information may include documenting your symptoms, medical history, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for <u>treatment</u> purposes are:

- A nurse or medical assistant obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines what he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Examples of use of your health information for <u>payment</u> purposes:

- We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests health information from us regarding medical care given. We will provide information to them about you and the care given, which may include copies or excerpts of your medical record which are necessary for payment of our account. For example, a bill sent to your health insurance company may include information that identifies your diagnosis, and the procedures and supplies used.

Examples of use of your health information for <u>health care operations</u>:

- We obtain services from our insurers or other business associates (an individual or entity under contact with us to perform or assist us in a function or activity that necessitates the use or disclosure or health information) such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical transcription, medical review, legal services, and insurance. We will share health information about you with our insurers or other business associates as necessary to obtain these services. We require our insurers and other business associates to protect the confidentiality of your health information.

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Your Health Information Rights

The health and billing records we maintain are physician property of our office.
You have a right to:

1. **Receive the Notice of our Privacy Practices (this Notice) that tells you how your health information may be used and shared.** In most cases, this Notice should be made available to you on your first visit, any you can ask for a copy of it at any time.

2. **Inspect and obtain a copy of your health records.** You can ask to see and get a copy of your Protected Health Information (PHI). We may deny your request to inspect and obtain a copy of your PHI in certain limited circumstances. You have the right to appeal the denial.

3. **Amend your health information.** You may request that we amend any incorrect or incomplete PHI that we maintain about you. For example, if we both agree that your file has the wrong test result, we will change it. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to disagree with our decision.

4. **Authorize disclosure of your PHI.** In general, your health information will not be given to your employer, used or shared for things like sales calls or marketing, or used or shared for many other purposes, unless you give your permission by signing an authorization form.

5. **Request a report on how we disclosed your health information.** Under the law, your health information may be used and shared for particular reasons. You can request a list of all non-authorized disclosures and who your health information has been shared with.

6. **Request to be contacted at a different address or in a different way than we contact you now.** You have the right to ask us to contact you about your PHI at a different address or in a different way than we contact you now. For example, you can have the nurse call you at your office instead of your home. These requests are often made when a person feels his or her health or safety is in danger if PHI is sent to his or her home address. We will do our best to accommodate all reasonable requests.

7. **Request restrictions on certain use or disclosure of PHI.** You can request additional restrictions on the use or disclosure of your PHI. However, we are not required to agree with your request for additional restrictions. You have the right to request restrictions on the use or disclosure of your PHI to a health plan when you (or any other individual other than you or the health plan) pay for the treatment out of pocket and in full.

8. **Ask for additional information or file complaints.** If you believe your health information was used or shared in a way that is not allowed under the privacy law, or if you were not able to exercise your rights, you can file a complaint with us or with the U.S. Government. This Notice tells you who to talk to and how to file a complaint.

We ask that you **exercise your rights in writing**. We offer forms and templates to help you exercise your privacy rights and to help us protect your health information. Our front desk staff will make these forms available to you upon your request.

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Our Responsibilities

This office is required to:

- Maintain the privacy of your health information as required by the law.
- Provide you with a notice (this document) as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Notify you if an unsecured breach of your protected health information has occurred.
- While we may contact you to raise funds (such as for the National Kidney Foundation of Michigan), we will provide you with the option to opt out of receiving such communications.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and assess practices to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and asking for a copy.

To Request Information or To File a Complaint

If you have a question, would like additional information, want to report a problem regarding the handling of your information, or if you believe your privacy rights have been violated and wish to file a written complaint with our office, please contact Our Privacy Officer:

- Name: Amelia Klocke
- Phone: (616) 752-6235
- Address: 330 East Beltline Ave NE
  Ste 100
  Grand Rapids, MI 49506

You may also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services (HHS).

- We cannot, and will not, require you to waive your rights under the Privacy Rule including the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from this office.
- We cannot, and will not, retaliate against you for the filing of a complaint with the Secretary of Health and Human Services (HHS).

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Other Disclosures and Uses We Can Make Without Your Authorization

1. There are some services provided by us through contracts with Business Associates, for example, billing, scheduling, or transcription services. When these services require access to your PHI, we will disclose only minimum necessary information, so the contractors may perform their job. To protect your PHI, we require Business Associates to safeguard PHI appropriately.

2. To comply with the law, we may share your medical information to comply with legal proceedings, or in response to valid court or administrative order or subpoena.

3. For other reasons, which these examples include:
   - We may disclose PHI to support law enforcement (e.g. government authority, such as police, social services) to protect someone's health and safety (e.g. victims of abuse, domestic violence);
   - We will use our professional judgement and may share information with a family member, friend, or other relative to help you obtain or pay for your health care'
   - We may share PHI to notify a family member, relative, personal representative, or other person responsible for your care about your general condition and location;
   - So that a personal representative you appoint, or a court appoints for you, can help you get health benefits;
   - To support research as long as the privacy and security of PHI is ensured;
   - So that a coroner or medical examiner can identify a deceased person or cause of death or so a funeral director can arrange burial;
   - To support, in limited circumstances an organ procurement organization, such as Gift of Life;
   - To protect you against a serious threat to your health or safety, or the health or safety of others;
   - To support a government agency overseeing healthcare programs. For example, we may disclose your PHI to Food and Drug Administration (FDA) to enable investigations, drug/product recalls or replacements;
   - We may disclose your PHI as authorized or necessary to comply with worker's compensation laws or other similar programs;
   - For lawful national security purposes, including intelligence or national security activities;
   - For public health purposes to prevent or control disease; and
   - For military purposes, if you are a member of the armed forces.

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or as otherwise permitted by the law. You will be able to revoke this authorization at any time.