

# NEPHROLOGY ASSOCIATES

2301 Circadian Way, Ste. A

Santa Rosa CA, 95407

Letty Ramirez, Office Manager (707)-526-2027

## Privacy Policy

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

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide, and we may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have questions about this notice, please contact us during office hours at the phone number listed above.

- A. How this Medical Practice may Use or Disclose your Health Information. This medical practice collects health information about you and stores it in a chart and sometimes on computer. This is your medical record. The medical record is the property of this practice, but the information in the record belong to you. The law permits us to use or disclose your health information for the following purposes:
  1. Treatment: We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing that care. For example, we may share your medical information with other physicians or health care providers who will provide services we do not do. Or we may share this information with a pharmacist who needs it to prescribe a prescription for you, or a Laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.
  2. Payment: We use and disclose medical information about you to obtain payments for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payments for services they have provided to you.
  3. Health Care Options: We may use and disclose information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of the care we provide, or the competence and qualifications of the staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services, and audits, including fraud and abuse detection and compliance programs, business planning and management. We may also share your medical information with our "Business Associates" such as our transcription service that performs administrative duties for us. We have a written contract with each of these businesses that contains terms requiring them to protect the confidentiality of your medical information. Although federal law does not protect medical information disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law all recipients of health care information are prohibited from re-closing it except as specifically required or permitted by law. We may also share your information with other health care providers, healthcare clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification, or licensing activities.
  4. Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or with someone who answers the phone.
  5. Sign in Sheet: We may use and disclose your information by having you sign in upon arrival at our office. We may also call your name when we are ready to see you.
  6. Notification and Communication with Family: We may disclose your information to notify, or assist in notifying a family member, your personal representative, or another person responsible for your care, about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved in your care or helped pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
  7. Test Results: We may use and disclose medical information to contact you by mail with a notice of your test results.
  8. Treatment Alternatives: We may use and disclose your medical information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

9. Marketing: We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your medical information without your written authorization.
10. Required by Law: As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect, or domestic violence, or judicial or administrative proceedings, or to law enforcement officials, we will further comply with requirement set forth below concerning those activities.
11. Public Health: We may and are sometimes required by law to disclose your health information to public health authorities for the purposes related to preventing or controlling disease, injury or disability, reporting child, elder or dependent adult abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
12. Health Oversight Activities: We may and are sometimes required by law to disclose your health information to health oversight agencies during audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by Federal and California law.
13. Judicial and Administrative Proceedings: We may, and sometimes required by law to disclose your health information during any administrative or judicial proceeding to the extent expressly authorized by court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
14. Law Enforcement: We may and are sometimes required by law to disclose your health information to a law enforcement official for purposes of identifying a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
15. Coroners: We may and are sometimes required by law to disclose your health information to coroners in connection with their investigation of deaths.
16. Organ or Tissue Donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
17. Public Safety: We may and are sometimes required by law to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the safety or health of a particular person or the general public.
18. Specialized Government Functions: We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. Workers Compensation: We may disclose your health information as necessary to comply with works compensation laws. For example, to the extent your care is covered by workers compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers compensation insurer.
20. Change of Ownership: In the event that this medical practice is sold or merged with another organization, your health information will become the property of the new owner, although you will maintain the right to request that copies of your information be transferred to another physician or medical group.
21. Research: We may disclose your health information to researchers with respect to which your written authorization is not required as approved by an institutional review board, in compliance with governing law.

**B. When this Medical Practice may not Use or Disclose your health information:** Except as described in this notice of privacy practices, this medical practice may not use or disclose health information which identifies you without your written permission. You may revoke this authorization in writing at any time.

**C. Your Health Information Rights:**

1. Right to Request Special Privacy Protections: You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to impose. We have the right to accept or reject and will notify you of our decision.
2. Right to Request Confidential Communications: You have the right to request that you receive your health information in a specific way or specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to Inspect and Copy: You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California law. We may deny your request under limited circumstances. If we deny your request to access your child's records because we believe allowing access would be reasonably likely to cause substantial harm to your child,

you will have the right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

4. **Right to Amend or Supplement:** You have the right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request in writing and include the reasons you believe this to be the case. We are not required to change your health information and we will give you information about any denial, and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.
5. **Right to an Accounting of Disclosures:** You have the right to an accounting of disclosures of your health information made by this practice, except that this medical practice does not have to account for the disclosures provided to you pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 16 (specialized government functions) of section A of this privacy practices notice or disclosure for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosure to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
6. You have the right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact our office manager at the phone listed at the top of this notice.

#### **Changes to this Notice of Privacy Practices:**

D. We reserve the right to amend this notice of privacy practices at any time in the future. Until such amendment is made, we are required by law to comply with this notice. After an amendment is made, the revised notice of privacy protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area and will offer you a copy at each appointment.

#### **Complaints:**

E. Complaints about this Notice of Privacy policies or how this Medical Practice handles your health information should be directed to our Office Manager at the phone number listed at the top of this Notice. You will not be penalized for filing a complaint. You may also mail a complaint to our office at 2301 Circadian Way, Ste. A, Santa Rosa, CA 95407.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services, Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W., Room 509F, HHH Building  
Washington DC 20201

You will not be penalized for filing a complaint.

#### **Identity Theft Policies:**

- A. It is the policy of the Medical Office to the extent feasible and reasonable, request documentation of a patient's identity, residence address and insurance coverage any time registration information is input, updated or amended. The following procedures shall be used to further this policy:
  - Verification of Patient Identity at Time of New Registration:
    - To the extent feasible and reasonable, prior to registering anyone as a new patient, office personnel shall request to see a government-issued photo identification of the person's name, current residential address (such as a utility bill) and insurance coverage information. No person shall be registered as a new patient unless his or her identity has been verified.
  - Re-Verification of Patient Identity:
    - To the extent feasible and reasonable, any time a patient updates or wishes to change his/her registration information, the same procedures identified above (including providing valid photo identification) shall be followed to verify the new information that is being provided.
- B. It is the policy of the Medical Office that all staff and personnel shall be alert for discrepancies in documents and patient information that suggest risk of identity theft or fraud.