

EFFECTIVE DATE OF THIS NOTICE:

NEPHROLOGY ASSOCIATES OF MICHIGAN, PC

5333 McAuley Drive Suite 4003 Ypsilanti, MI 48197 Phone: 734-712-3470 Fax: 734-712-2935

NOTICE OF PRIVACY PRACTICES

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your medical information is personal and we are committed to protecting your privacy. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your medical information and what rights you have regarding information. If you have any questions please contact the privacy officer.

We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for all of your records that our practice has created or maintained and for any generated in the future. Our practice will post a copy of our current Notice in our offices in a visible location and you may request a copy of our most current Notice at any time.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe the ways in which we may use and disclose your medical information. We routinely use your medical information inside our office for these purposes without any special permission. For clarification, we have included some examples. Not every possibility is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information will fit within one of these general categories.

Treatment. Our practice may use and disclose your medical information to treat you. Common reasons for use and disclosure may include performing exams, ordering or performing tests, ordering prescriptions, referring you to other medical professionals, or obtaining copies of information from other providers. Additionally, we may disclose your medical information to others who may assist in your care, such as your spouse, children or parents.

Payment. We may use and disclose your medical information in order to bill and collect payment for services. For example, we may provide your insurer with treatment information to certify eligibility. We also may use and disclose your medical information to obtain payment from third parties that may be responsible for costs, such as family members.

Health Care Operations. Our practice may use and disclose your medical information to operate our business. Examples may include using your medical information to evaluate the quality of care you received from us or to conduct cost-management and business planning activities for our practice.

Appointment Reminders. Our practice may use and disclose your medical information to contact you and remind you of an appointment.

Treatment Options and Health-Related Benefits. Our practice may use and disclose your medical information to inform you of potential treatment options or health-related benefits or services that may be of interest to you.

Disclosures Required By Law. Our practice will use and disclose your medical information when we are required to do so by federal, state or local law. For example, disclosure may be required by Workers' Compensation statutes and various public health statutes in connection with required reporting of births and deaths, certain diseases, child abuse and neglect, domestic violence, adverse drug reactions, etc.

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

Lawsuits and Similar Proceedings. If you are involved in a lawsuit or similar proceeding, we may use and disclose your medical information in response to a court or administrative order or to defend the office. We also may disclose your information in response to a discovery request, subpoena, or other lawful process by another party involved, but only if we have tried to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement and/or National Security. We may disclose your medical information for law enforcement purposes. For example, we may provide information about someone who is or is suspected to be a victim of a crime, to provide information about officials for intelligence and national security activities authorized by law including to protect the President or other officials including foreign heads of state to conduct investigations, or for military purposes.

Deceased Patients. Our practice may release medical information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs, or when requested, to facilitate organ, eye or tissue donation.

Research. Under certain circumstances, we may use and disclose your medical information for health related 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.

Serious Threats to Health or Safety. Our practice may use and disclose your medical information to 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.

Incidental Disclosures. Our practice may disclose your medical information if it is an unavoidable byproduct of conducting business, including receiving services from cleaning personnel and those maintaining or repairing equipment.

Business Associates. Our practice may disclose your medical information to business associates who perform health care operations for us and who commit to respect the privacy of your health information.

Other uses and disclosures of your medical information not covered by this Notice will be made only with your written authorization. If you provide us with such an authorization, you may revoke it, in writing, at any time. If you revoke your authorization, we will no longer disclose your information for the reasons covered by the authorization.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information that we maintain about you:

Confidential Communications. You have the right to request that we communicate with you in a particular manner. For instance, you may ask that we contact you at home rather than work. To request a type of communication, you must make a written request to the privacy officer in this practice. We will accommodate reasonable requests.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your medical information for treatment (except in emergencies or when required by law), payment or health care operations. We are not required to agree to your request; if we do agree, we are bound by our agreement. You also have the right to request that we restrict our disclosure of your medical information to only certain individuals involved in your care. To request a restriction, you must make your request in writing to the privacy officer.

Inspection and Copies. You have the right to see and request a copy of your medical information. You must submit your request in writing to the office manager/privacy officer. Our practice may charge a fee for the costs of copying and mailing your information. By law, our practice may deny your request to see and/or copy your information in certain limited circumstances, however, you may request a review of our denial. For information regarding such a review, contact the privacy officer.

Amendment. If you feel that medical information we have about you is incorrect or incomplete, you may send us a written request to amend the information. The request must include a reason supporting your request and should be sent to the privacy officer. We may deny your request if it is not in writing or does not include a reason. Further, we may deny your request if you ask us to amend information, that is, in our opinion, accurate and complete, not part of the information kept by us, not part of the medical information which you would be permitted to see and copy, or if it was not created by us.

List of Disclosures. You have the right to request a list of disclosures our practice has made of your medical information for non-treatment, non-payment or non-operations purposes. Use of your medical information as part of the routine patient care in practice is not required to be documented and, therefore, will not be on the list. Further, the list will not include disclosure made with your authorization, incidental disclosures or those required by law. In order to obtain a list of disclosures, you must submit your request in writing to the office manager. All requests must state a time period (not to exceed six years) and may not include dates before April 14, 2003. You are entitled to one such list per year free of charge; additional lists may require payment.

Right to a Paper Copy of This Notice. You are entitled to receive additional copies of this notice of privacy practices at any time. To obtain a copy of this notice, write to the privacy officer.

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. To file a complaint with our practice, write to the privacy officer. This office will not penalize you in any way for submitting a request.

Patient Signature: _____

Date _____