



AMERICARE KIDNEY INSTITUTE, LLC

NOTICE OF PRIVACY PRACTICES

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

Americare Kidney Institute is committed to protecting your personal health information. This Notice tells you about the ways in which we may use and disclose health information about you. It also describes your rights regarding the use and disclosure of this information. We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to it.

Circumstances in which we may disclose your health information:

Treatment: we will use your health information within this office to provide you with the best health care possible. This may include administrative and clinical office procedures to schedule and coordinate care between doctors, and business office staff. In addition, we may share your health information with referring physicians, specialists, clinical laboratories, pharmacies or other health care personnel providing your treatment. This information may be transmitted by fax or electronically through one or more health information exchanges. This is a voluntary agreement and you may opt-out at any time by contacting our Compliance Officer at the phone number listed at the bottom of this notice.

Payment: We may include your health information with an invoice used to collect payment for treatment you received in this office. We may do this with insurance forms filed for you in the mail or sent electronically. .

To conduct health care operations: Your health information may be used during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing information.

Communications: You can request that this practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may request that we contact you at home, rather than work. We will try to accommodate reasonable requests. You have the right to receive electronic copies of your health information and will be provided a login to a secure patient portal.

Business Associates: We may provide your health information to outside persons or organizations who assist us with our health care operations. In all cases, these business associates are required to appropriately safeguard the privacy of your information.

Research: Federal regulations permit use of health information in medical research, either with your authorization or when the research study is reviewed and approved by an Institutional Review Board before any medical research study begins. In some situations, limited information may be used before approval of the research study to allow a researcher to determine whether enough patients exist to make a study scientifically valid.

Required by law: We may disclose your health information as required by federal or state law or for public health reasons.

Other uses and disclosures not described in this Notice will be made only with your authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer using the contact information at the end of this Notice.



Your rights with respect to your Protected Health Information (PHI):

Right to Notice of a Breach: In the event of a PHI disclosure, affected individual(s) have the right to, or will receive notification of any breach of unsecured PHI. If Americare Kidney Institute or any of its Business Associates experiences a breach of your health information (as defined by HIPAA) that compromises the privacy or security of your health information, you will be notified of the breach and about any steps you should take to protect yourself from potential harm resulting from the breach.

Right to Request Restrictions: You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care, such as a family member or friend.

Right to Amend: If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records.

Right to Accounting. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom CC has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law.

Right to Inspect and Obtain Copy. You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

You have the right to inspect and copy your Protected Health Information. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. We reserve the right to change the terms of this notice and will inform you of any changes made. You then have the right to object or withdraw as provided in this notice.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filling a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to Protected Health Information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our office phone number: 440-799-4224