

KIDNEY AND HYPERTENSION CONSULTANTS, INC.

Notice of Privacy Practices

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

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT: KIDNEY AND HYPERTENSION CONSULTANTS, INC. C/O PRIVACY OFFICER, 4689 FULTON DRIVE NW, CANTON, OH, 44718, OR BY CALLING OUR OFFICE AT (330) 649-9400 AND ASKING FOR THE PRIVACY OFFICER.

Understanding Your Health Record/Information

Each time you visit a physician or healthcare provider; you are establishing a healthcare record with that provider. Your healthcare record contains notes about your visit, including such things as your symptoms, examination and test results, diagnoses, treatment and a plan for future care of treatment. Your healthcare or medical record serves many purposes.

- It may be used to plan your care and treatment.
- It may be removed from our main office if you are seen in a satellite office.
- It may be used to obtain payment from a third-party, such as an insurance company or Medicare and Medicaid.
- It is a means of communication among the many health professionals who contribute to your care.
- It is a legal document describing the care you received.
- It is a means by which you or a third-party payer can verify that services billed were actually provided.
- It may be used as a tool in educating/teaching rounding medical students or residents.
- It may be as source of information for public health officials.
- It may be a tool with which we can access and continually work to improve the care we render and the outcomes we achieve.
- It may be a source of data for facility planning and marketing.

Understanding what is in your record is the property of the healthcare practitioner that compiled it. However, the information belongs to you. Each of the following rights must be exercised in writing on forms that are available for each right. You may obtain the forms in person from the receptionist or by calling our office and requesting the form be mailed to you.

YOUR HEALTH INFORMATION RIGHTS

The physical medical record is the property of the healthcare practitioner that compiled it. However, the information belongs to you. Each of the following rights must be exercised in writing on forms that are available for each right. You may obtain the forms in person from the receptionist or by calling our office and requesting the form be mailed to you.

YOU HAVE THE RIGHT TO:

- Request restrictions on certain uses and disclosures of your information; however we do not have to comply with your request.
- Obtain a paper copy of this NOTICE OF PRIVACY PRACTICES upon request.
- Inspect and obtain a copy of your health record except in limited circumstances (you will be charged a reasonable fee for copying) Request amendment to your health care record.
- Obtain an annual accounting of disclosures of your health information (you will be charged for additional accountings). The accounting does not include disclosure made to you, disclosures you have authorized or for disclosures made to others involved in your healthcare.
- Request communication of your health information by alternative means.

Physicians Office Responsibility

The physicians Office is responsible to:

- Maintain the privacy of your health information
- Provide you with this Notice of Privacy Practices that describes our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by terms of this Notice of Privacy Practices.
- Notify you if we will not agree to any requested restriction that you asked of us.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Use or disclose your health information as requested as requested for statistical and funding purposes by the Center for Medicare and Medicaid Services (CMS).

The Physicians Office reserves the right to change our practices at any time and to make any new provisions effective for all the protected health information we maintain. Prior to making any significant changes in our privacy practices, we will change our Notice of Privacy Practices and post the Notice in the waiting room, your may request a copy of our new Notice of Privacy Practices if any of our information practice change.

Examples of Uses and Disclosure for Treatment, Payment and Health Operations

We may use/disclose your health information for treatment, payment and healthcare operations as more fully described below. The following includes examples of such uses and/or disclosures, but is not an exclusive list of all the uses or disclosures.

We will use your health information for treatment. Information obtained by your doctor, our clinical staff/medical assistants, and any other employees of this facility is recorded in your record and is used to determine the course of treatment that should work best for you. Your doctor also documents in your record his or her expectations of recommended treatment. Individuals involved in your treatment record the actions they take and their observations. In that way, the physician will have a more complete picture of your health.

We may also provide any subsequent physician or healthcare provider with copies of your healthcare information that should assist him or her in continuing your course of treatment. We will use your health information for payment. We bill third-party payer or you for payment of

healthcare services rendered. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies use. This information is necessary in order for us to obtain payment. If your bill is sent out to a Collection agency, minimal information necessary for collection of this debt will be sent.

USES AND DISCLOSURES BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your health information will be made only with your written authorization, unless permitted or required by law as described below. You may revoke this authorization at any time by sending written notice of the revocation to our office, except to the extent that we have taken an action in reliance on the use of disclosure indicated in the authorization.

USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION

Business Associates: The Physicians Office may use outside providers for some of the services that we provide through contracts/agreements. Some examples of these services are the use of specialty consultants, i.e., cardiology, radiology, labs and Dialysis Units. When these services are contracted, we may disclose your health information so that they can perform the necessary treatment we've asked them to do. To protect your health information; however, we require the business associate to appropriately safeguard your information. The Business Associate is obligated to protect your information in the same manner as we do.

Funeral Directors and Coroner's Office: We may disclose health information to funeral directors and coroner's office consistent with applicable law to carry out their duties.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional Institution: If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid court order or subpoena.

Communication with family: Health professionals, using their best judgment may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care.

Health Oversight: We may use or disclose your protected health information to an appropriate health oversight agency, provided that a work force member believes in good faith that we have engaged in unlawful conduct or have otherwise violated standards that are potentially endangering one or more patients, workers, or the public.

COMPLAINTS: If you have questions, would like additional information, or have a complaint, you may contact our Privacy Officer at (330) 649-9400. If you believe your privacy rights have been violated, you may file a complaint in writing by using a form available at our office.

You may also have the right to file a complaint with the Director of Health Information Management or with the Secretary of Health and Human Services.

Effective date: April 14, 2003