

HIPAA Notice of Privacy Practices

CLINIC FOR KIDNEY DISEASES has a policy of complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our objective is to be 100% compliant at all times. The following method of operations will be used to insure privacy of a patient's Protected Health Information (PHI).

- Based on HIPAA guidelines your medical records may be transferred to another care provider upon your signed authorization. Records will not be transferred without your or your guardian's signed authorization.
- You may review your records by scheduling a time with the office.
- After review of your records if you disagree with any of the documentation in the records you have the option of writing your own documentation to be placed in the chart.
- If an appointment with another medical provider is required, only the necessary information to schedule an appointment will be provided.
- If you elect to not allow any other member of your family access to your records you have the right to notify our office. That notice must be in writing. If you wish to provide access to your records to a designated individual you may also provide that notice in writing.
- Our office will not provide any information about you or your medical condition to any other party other than other medical providers to whom you have been referred for treatment without your specific authorization.
- If you are chosen to be part of any research program you will be required to sign additional authorizations and releases so that your PHI may be used in the program.
- Under the HIPAA rules, we may use the necessary PHI from your medical records to file insurance claims on your behalf. Your authorization and insurance assignment allows the practice to file insurance on your behalf.
- There will be certain circumstances where public health authorities and health oversight agencies may require a copy of your records. They are authorized under law to collect that information and we are required to furnish a copy of your PHI.
- All efforts will be taken to ensure that your PHI will not be shared with any unauthorized persons.
- If you are on active duty military or are called to active duty military, under federal law we are required to supply a copy of your record.

If you should have any questions concerning any of the above, please contact any of the staff at CLINIC FOR KIDNEY DISEASES.

Patient Signature _____ Date _____

Permission given to _____ Date _____