



NOTICE OF PROTECTED HEALTH INFORMATION PRACTICES

This document defines how your protected medical information may be used and disclosed, and how you can get access to this information. Please review the following carefully.

Under the federal health care privacy regulations pertaining to the Health Insurance Portability and Accountability Act of 1996 set forth at 45 CFR § 160.101 et seq. (the "Privacy Regulations"), Advanced Nephrology Associates PC ("ANA") is required to protect the privacy of your individually identifiable health information, which includes information about your health history, symptoms, test results, diagnoses, treatment, and claims and payment history. We are also required to provide you with this Notice of Protected Health Information Practices regarding our legal duties, policies and procedures to protect and maintain the privacy of your health information (the "Notice"). We will not use or disclose your health information except as provided for in this Notice. However, we reserve the right to change the terms of this Notice and make new notice provisions for all your health information that we maintain.

Permitted Uses and Disclosures of Your Health Information

1. **Uses and Disclosures Pursuant to an Acknowledgement:** Under the Privacy Regulations, after having made good faith efforts to obtain your acknowledgement of receipt of this Notice, we are permitted to use and disclose your health information for the following purposes:
 - a. **Treatment:** We are permitted to use your health information in the provision and coordination of your health care. We may disclose information contained in our medical record to your primary health care provider, consulting providers, and to other health care personnel who have a need for such information for your care and treatment. For example, your physician may disclose your health information when consulting with another physician or specialist regarding your medical condition. Additionally, we might disclose protected health information, as necessary, to a home health agency that provides care to you.
 - b. **Payment:** We are permitted to use your health information for the purposes of determining coverage, billing, claims management, medical data processing and reimbursement. This information may be released to an insurance company, third-party payor or other authorized entities involved in the payment of your medical bill and may include copies or portions of your medical record which are necessary for payment of your account. For example, a bill sent to your insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used in your treatment or that provides information relating to a potential hospital stay to obtain pre-approval for the hospital admission.
 - c. **Health Care Operations:** We are permitted to use and disclose your health information during ANA's routine health care operations including, but not limited to, quality assurance, utilization reviews, medical reviews, auditing, accreditation, certification, licensing or credentialing activities and for educational purposes. For example, we may use sign-in sheets to aid us in coordinating appointments.
2. **Uses and Disclosures with Patient Authorization:** Under the Privacy Regulations, we can use and disclose your health information for purposes other than treatment, payment, or health care operations with your written authorization. For example, with your authorization we can provide your name and medical condition to companies who may be able to provide you useful items or services. Under the Privacy Regulations, you may revoke your authorization; however, such revocation will not have any effect on uses or disclosures of your health information prior to our receipt of the revocation.
3. **Uses and Disclosures with Patient Opportunity to Verbally Agree or Object:** Under the Privacy Regulations, we are permitted to disclose your health information without your written consent or authorization to a family member, a close friend, or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. You must be notified in advance of the use or disclosure and have the opportunity to verbally agree or object. In the case of an emergency, ANA, exercising professional judgment, will make the determination of whether protected health information should be disclosed pursuant to this section.
4. **Uses and Disclosures without an Acknowledgement, Authorization, or Opportunity to Verbally Agree or Object:** Under the Privacy Regulations, we are permitted to use or disclose your health information without your consent, authorization, or the opportunity to verbally agree or object regarding the following:
 - a. **Uses and Disclosures Required by Law:** We will disclose your health information when required to do so by law.

- b. **Public Health Activities:** We may disclose your health information for public health reporting, reporting of communicable diseases, and vital statistics, and other similar circumstances.
 - c. **Abuse and Neglect:** We may disclose your health information if we have a reasonable belief of abuse, neglect, or domestic violence.
 - d. **Regulatory Agencies:** We may disclose your health information to a health care oversight agency for activities authorized by law including, but not limited to, licensure, certification, audits, investigations, and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs, and compliance with civil rights.
 - e. **Judicial and Administrative Proceedings:** We may disclose health information in judicial and administrative proceedings, as well as in response to a court order, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or other similar legal requests.
 - f. **Law Enforcement Purposes:** We may disclose your health information to law enforcement officials when required to do so by law.
 - g. **Coroners, Medical Examiners, and Funeral Directors:** We may disclose your health information to a coroner or medical examiner. This may be necessary to determine a cause of death. We may also disclose your health information to funeral directors (as necessary) to carry out their duties.
 - h. **Research:** Under certain circumstances We may disclose your health information to researchers when their clinical research study has been approved by an institutional review board that has reviewed the research proposal and provided that certain safeguards are in place to ensure the privacy and protection of your health information.
 - i. **Threats to Health and Safety:** We may use or disclose your health information if we believe in good faith the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
 - j. **Military/Veterans:** If you are a member of the armed forces, we may disclose your health information as required by military command authorities.
 - k. **Workers' Compensation:** We may disclose your health information to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
 - l. **Marketing:** We may use or disclose your health information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. However, such communication must be either conducted face-to-face, concern products or services of nominal value, or identify ANA as the communicating party and disclose that ANA will receive remuneration for making the communication. Where required by the Privacy Regulations, we will provide you with instructions describing how you may verbally object to receiving future communications. We may also use or disclose your protected health information for our internal marketing purposes. For example, we may use your name and address to send you a newsletter about ANA and services we may offer.
 - m. **Appointment Reminders:** We may use and disclose your health information to remind you of upcoming appointments for treatment and medical care at our practice.
 - n. **Other Uses and Disclosures:** In addition to the reasons outlined above, we may use and disclose your health information for other purposes permitted by the Privacy Regulations.
5. **Uses and Disclosures to Business Associates:** With an acknowledgment or a proper authorization, we are permitted to disclose your health information to Business Associates and to allow said Associates to receive your health information on our behalf. A 'Business Associate' is defined under the Privacy Regulations as an individual or entity under contract with us to perform or assist us in a function or activity which requires the use of your health information. Examples of Business Associates include but are not limited to consultants, accountants, lawyers, medical transcriptionists, and third-party billing companies. We require all Business Associates to protect the confidentiality of your health information.

Patient Rights

Although your medical record is our property, you have the following rights concerning your medical record and health information:

1. **Right to Request Restrictions on the Use and Disclosure of Your Health Information:** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment, and health care operations. However, we are not required to agree with this request. If we do agree to the requested restriction, it is binding on us. You may request a restriction on the Acknowledgement that you will be asked to sign or by sending a written request to "ANA, Attention: Medical Records, 824 California Avenue, Pittsburgh, PA 15202."
2. **Right to Inspect and Copy Your Health Information:** You have the right to inspect and copy your own health information upon request. However, we are not required to provide you with access to all the health information that we maintain. For example, this right does not extend to psychotherapy notes, information compiled in reasonable anticipation of or for use in a civil, criminal, or administrative proceeding, or subject to or exempt from Clinical Laboratory Improvements Amendments of 1988. Access may also be denied if disclosure would reasonably endanger you or another person.

3. **Right to Verbally Object:** You have the right to verbally object to certain disclosures that are routinely made for treatment, payment, or healthcare operations, or for other purposes without an Authorization. For example, we are required to give you an opportunity to object to the sharing of your health information with a person or family member accompanying you for treatment.
4. **Right to Seek an Amendment of Your Health Information:** You have the right to request an amendment of your health information. If we disagree with the requested amendment, we will permit you to include a statement in the record. Moreover, we will provide you with a written explanation of the reasons for the denial and the procedures for filing appropriate complaints and appeals.
5. **Right to an Accounting of Disclosure of Your Health Information:** You have the right to receive an accounting of disclosures made by us of your health information within six (6) years prior to the date of your request, provided that we need not provide an accounting for any information disclosed prior to the effective date of this Notice. The accounting will not include disclosures related to treatment, payment, or health care operations, disclosures made to you, disclosures made pursuant to a validly-executed authorization, disclosures permitted by the Privacy Regulations, disclosures to persons involved in your care, or disclosures that occurred prior to the Notice's effective date and compliance deadline under the Privacy Regulations. The accounting of disclosures shall include the date of each disclosure, name, and address of the person or organization who received your health information, a brief description of the information disclosed, and the purpose for the disclosure.
6. **Right to Confidential Communications:** You have the right to receive confidential communications of your health information by alternative means or alternative locations; e.g. you may request that we only contact you at a certain phone number or only by mail. Such requests should be made in writing to ANA.
7. **Right to Revoke Your Authorization:** You have the right to revoke a validly-executed authorization for the use or disclosure of your health information. However, such revocation will not have any effect on uses or disclosures prior to the receipt of the revocation.
8. **Right to Receive Copy of this Notice:** You have the right to receive a copy of this Notice.

Contact Information and How to Report a Privacy Rights Violation

If you have questions and would like additional information regarding the uses and disclosures of your health information, you may contact our office at 412-766-3232. If you believe your privacy rights have been violated, you may file a complaint with ANA or the Secretary of the Department of Health and Human Services at 200 Independence Avenue SW, Washington DC, 20201.

Effective Date

The effective date of this Notice is January 1, 2018.