

NOTICE OF PRIVACY PRACTICES SUMMARY

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

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this summary explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your healthy information. For a complete Notice of privacy practices, see the privacy Officer.

We may use and disclose your medical records as part of your patient care such as: treatment, payment and health care operations.

TREATMENT means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be a physical examination. Your medical records may also be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

PAYMENT means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be filing a claim for your visit to your insurance company for payment.

HEALTH CARE OPERATIONS include, but are not limited to, the business aspects of running our practice, quality assessment and improvement activities, & customer service. An example would be: using a sing-in sheet at the registration desk, calling you by name in the waiting room, and billing. We may also create and distribute de-identified health information by removing all references to individually identifiable information.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Uses & Disclosures of protected health information may require an objection:

RESEARCH: We may disclose your protected health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

You have the following rights with the respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you.

We are not required to agree to a requested restriction. If we do agree to a restriction, we will abide by it unless it is needed to provide emergency treatment.

The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

The right to inspect and copy your protected health information. There is a photocopying fee.

The right to amend your protected health information. In certain cases, we may deny your request.

The right to receive an accounting of disclosures of protected health information for purposes other than treatment, payment or healthcare operations.

The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14th, 2003, and we are required to abide by the terms of the *Notice of Privacy Practices* currently in effect. We reserve the right to change the terms of our *Notice of Privacy Practices* and to make the new notice provisions effective for all protected health information that we maintain. We will post, and you may request a written copy of a revised *Notice of Privacy Practices* from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office at:

MARGARET HIPPS, Privacy Officer
SHOALS KIDNEY & HYPERTENSION CENTER
422 East Dr. Hicks Blvd., Florence, AL 35630

For more information about HIPAA, or to file a complaint:
U.S. Department of Health & Human Services, Office of Civil Rights
200 Independence Ave., S.W. – Washington, D.C. 20201
(202) 619-0257 or toll free at 1-877-696-6775
We will not retaliate against you for filing a complaint.

I acknowledge that I have received a copy of the Privacy Practices Policy of N. Rao Boorgu, M.D., P.C. – Shoals Kidney and Hypertension Center in compliance with the HIPAA.

Signed _____ Date _____
Patient or Parent/Guardian if Minor

Patient Name _____

If patient or personal representative is unable or refuses to sign the form, document reason on form and place in patient's medical record.