

KIDNEY ASSOCIATES OF COLORADO

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this carefully.

This document is a mandatory notification of how Kidney Associates of Colorado may use and disclose your medical information. It also addresses your rights to access your own medical records. Please read this notice carefully.

The Health Insurance Portability and Accountability Act of 1996 includes a national privacy standard to protect the privacy of your health information. This standard requires that Kidney Associates of Colorado notify you of our Privacy Practices.

This law, known as HIPAA (Health Insurance Portability and Accountability Act), requires that all healthcare providers maintain the privacy of protected health information and provided individuals with notices of its legal duties and privacy practices with respect to protected health information. This office is required to follow the terms of the notice currently in effect.

Kidney Associates of Colorado may use and disclose individually identifiable and personal medical information about you for the purposes listed below without additional authorization. If you provide us with additional authorization in writing, you may revoke your authorization in writing at any time. This will not affect any transactions performed during the authorized time period.

Treatment, Payment, and Healthcare Operations: Kidney Associates of Colorado may use or disclose your health information for the purposes of providing treatment and payment. Additionally, we may also use and disclose your health information for the purposes of healthcare operations.

Required Disclosures: Kidney Associates of Colorado must disclose your health information to the Secretary of Health and Human Services (HHS) and the Office of Civil Rights (OCR) regarding our compliance with the HIPAA regulations. Furthermore, we are required to disclose your health information to public health agencies and other institutions with lawful custody to your Protected Health Information (PHI).

Business Associates: Kidney Associates of Colorado does work with outside individuals and organization to assist in our day-to-day operations. We may disclose health information to these business associates on a need-to-know basis. They are required to protect the confidentiality of your PHI.

Persons Involved in Your Care: We may use and disclose health information with persons responsible with your care or may aide in your care about locations, payment, general health or death. When possible, we will obtain your authorization before using or disclosing this information. Under emergency situations we will perform these uses and disclosures without your authorization.

Abuse and Neglect: We may disclose health information for cases of abuse, neglect or domestic violence when required by law or authorized by the patient.

You're Rights as a Patient

You have the right to request a restriction on the use and disclosures of some information. We will accommodate all reasonable requests to the best of our ability. You have the right to receive confidential information "by alternate means or locations." You have the right to see and make a copy of all information that is contained in your medical records within this office. This includes information that others providers may have sent to this office. If you believe that information contained in your medical record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. You have the right to an accounting of disclosures of all protected health

information that were released by this office for purposes other than treatment, payment, and healthcare operations. You have the right to a paper copy of this notice in printed or electronic form.

Complaints

You have the right to complain about any perceived privacy violations or if you disagree with a decision we made about access to your records. You may file a complaint within the office or you may also contact the Secretary of the Department of Health and Human Services concerning our privacy practices at:

200 Independence Avenue, Southwest Room, 509F

HHH Building

Washing, D.C. 20201

Or by email at: ocrmail@hhs.gov

You cannot be penalized or retaliated against by Kidney Associates of Colorado for filing a complaint. Please contact our office with any questions or concerns you may have throughout your care at:

850 East Harvard Avenue, Suite 565

Denver, CO 80210

Phone: 303 – 777-3333

Fax: 303-733-4441

staff@kidneyasc.com

This notice of Privacy Practices is effective as of December 1, 2011.

Acknowledgement of Notice of Privacy Practices

"I hereby acknowledge that I have reviewed this *NOTICE OF PRIVACY PRACTICES*. I understand that if I have and questions or complaints regarding my privacy rights that I may contact the office. I further understand that the practice will offer me updates to this *NOTICE OF PRIVACY PRACTICES* should it be modified, or changed in any way."

Patient or Representative Name (Please Print)

Patient or Representative Signature

Date