

EASTSIDE NEPHROLOGY & HYPERTENSION  
PRIVACY NOTICE

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

**UNDERSTANDING YOUR HEALTH INFORMATION:**

Each time you visit our clinic(s), physicians, or other healthcare providers, a record of your visit is made. This record may contain personal identifying information about you and your health. It will also contain information related to your care. This may include your medical history, results of physical examinations, test results, diagnoses, treatments, and instructions provided to you by your healthcare provider and plans for future healthcare services. This information is often referred to as your health or medical record. Your medical record serves as a:

- Record for planning your care and treatment;
- Way to communicate among the many health professionals who provide your care;
- Legal document describing the care you received;
- Resource you or your healthcare insurance company can use to check the accuracy of your bill;
- Tool for educating health professionals;
- Source of information for medical research;
- Source of information for public health officials responsible for improving the health of our nation;
- Source of information for Eastside Nephrology & Hypertension operations including the development of future plans, marketing our services, assessing the quality of your care and identifying ways to improve our services to you and the community.

Understand what is in your record and how it is used helps you to:

- Make sure it is accurate;
- Better understand who, what, when, where, and why others may use your health information;
- Make decisions about allowing the information to be used by or shared with others.

**“DESIGNATED RECORD SET”**

In addition to your health record, Eastside Nephrology & Hypertension also maintains financial records and specialized documents, such as x-ray films that are maintained separate from your health record. The combination of these records is referred to as your “Designated Record Set.”

Notice of Privacy Practices

Effective 04/14/2003

## **YOUR HEALTH INFORMATION RIGHTS:**

The medical record we keep on you is the property of Eastside Nephrology & Hypertension. However, the information in the record belongs to you and you have a right to:

- Get a copy, read and ask questions about this notice;
- Request that we limit certain uses and releases of your records. You must make that request in writing. We are not required to agree to that request, but we will help you with any request we agree to;
- You may request for and get a paper copy of the most current Notice of Privacy Practices for Protected Health Information;
- Request that you be allowed to see and get a copy of your medical record. You must give us the request in writing and you may be asked to pay a fee to cover the cost of copying. Forms for this purpose are available at our reception desk.
- Request to have us review a denial of access to your medical record. The request may be denied for certain reasons;
- Request corrections to your health records; the request must be given to us in writing. If the request is denied, you may submit a written statement of disagreement that will become part of your medical record and will be included when the related information is used or disclosed.
- Obtain a report of certain disclosures of your health information.
- Request that any or all communications of your health information be made by different means or to a different location. The request must be made in writing.
- Take back any authorization to use or disclose your health information except when the information has already been disclosed.

## **OUR RESPONSIBILITIES:**

Eastside Nephrology & Hypertension is required to:

- Protect the privacy of your health information;
- Provide you with a notice about our legal duties and privacy practices;
- Uphold the terms of this notice;
- Inform you if we do not agree to a requested restriction;
- Respect reasonable requests to communicate health information by different means or to different locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.

## **FOR MORE INFORMATION AND TO REPORT A PROBLEM**

**If you have questions or believe your privacy rights have been violated, you may contact our Clinic Manager (Privacy Officer) at 206.542.1000.**

You may also file a complaint with the Region X Office of Civil Rights, U.S. Department of Health & Human Services.

There will be no action taken against you for filing a complaint.

## **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS**

We may use your health information for treatment: Example:

Information received or recorded by a nurse, medical assistant, physician, mid-level practitioner, or other member of your healthcare team will be in your record and used to plan the course of treatment best suited for you. Your provider will enter in your record any instructions to your healthcare team. Members of your team will review the instructions and record any actions they took and their observations.

We may use your health information for payment purposes: Example:

A bill will be sent to you, or your insurance company (or organizations acting on their behalf) if you have provided written authorization for us to do so. The information we provide to them will identify you, your diagnosis, procedures you may have had and supplies used. A copy of your medical record may be provided to an external review agency working with your insurance company to review services provided and to ensure correct reporting of those services.

We may also use and disclose your protected health information for Eastside Nephrology & Hypertension. Example:

We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also use and disclose your information to conduct or arrange for services, including

- Medical quality review;
- Accounting, legal, risk management, and insurance services;
- Audit functions, including fraud and abuse detection and compliance programs.

Other Uses or Disclosures:

We may also use and disclose your protected health information without your authorization as follows:

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Business Associates: An example would be, but not limited to, contracting with a copy service to make copies of your health records. When these services are used, we may disclose your health information to our business associate so they can perform the job we have asked them to do. To make sure your health information is protected, we require our business associates to keep your information confidential.

Notification: We may use or provide information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Communication with Family: Health professionals, using their best judgement, may talk to a family member, other relative, close personal friend or any other person you identify, about health information that is important to the person's involvement in your care or payment related to your care.

Appointment Reminder: We may contact you as a reminder that you have an appointment for treatment or medical care.

Research: We may provide information to researchers when an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

Organ Procurement Organizations: We may provide health information to companies engaged in procuring, banking, or transplanting organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may provide to the FDA health information related to adverse events regarding food, supplements, product and produce defects to enable product recalls, repairs or replacement.

Workers Compensation: We may provide health information as authorized by law to worker's compensation or other similar programs.

Public Health: We may provide your health information to public health or legal representatives responsible for preventing or controlling disease, injury or disability.

## **USE AND DISCLOSURE THAT REQUIRES YOUR AUTHORIZATION**

Other than the types of uses and disclosures described above, we will not use or disclose your health information without your written authorization. If you provide us with written authorization, you may take back that authorization at any time unless we have already relied on the authorization or the authorization was required as a condition of insurance coverage by your insurance company. Also, in some situations, federal and state laws may provide special protections for certain kinds of protected health information, such as drug or alcohol treatment records. When required by those laws, we may contact you to receive written authorization to use or disclose that information.

**Acknowledgement of Receipt of Notice of Privacy Practices**

I have received a copy of the Eastside Nephrology & Hypertension Notice Of Privacy Practices that describes how my health information is used and shared. I understand Eastside Nephrology & Hypertension has the right to change this notice at any time.

My signature below affirms my acknowledgement that I have been provided with a copy of the notice of privacy practices.

\_\_\_\_\_

Patient's Printed Name

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Signature of Patient or Legal Representative

Date

If signed by legal representative, relationship to patient:

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