

Renal Medicine Associates Privacy Act

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

We may use and disclose your protected health information (PHI) for purposes of treatment, payment, health care operations as permitted by Federal law.

1. Treatment: We will use and disclose your protected health information to provide, coordinate, manage your health care and any related services. This includes the coordination of management of your health care with a third party that has already obtained your permission to have access to your protected health information. We will also disclose protected health information to other physicians who may be treating you. For example, a physician and his staff to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition we may disclose information from time to time to another physician or health care provider (a specialist laboratory, or pharmacy) who, at the request of your physician becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

2. Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include several activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

3. Healthcare Operation: We may use or disclose, your protected health information in order to support the business activities of your physician's practice. These activities include but are not limited to quality assessment activities, employee review activities, training of medical students, licensing, marketing, conducting and arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk. We will also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information as necessary to contact you to remind you of your appointment. We may also send information in the mail, or on your phone voice mail regarding prescriptions, diagnosis, and other necessary information for treatment. There is also a possibility that others such as cleaning personnel, other staff members as well as patients in the office or in the facility where you may be having a procedure may overhear conversation related to your health care. Unless you object we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

We may use and disclose your protected health information for purposes other than that for treatment payment of health care operations without your consent or authorization, as permitted or required by Federal law. Example: Public Health: for the purpose of controlling disease, injury, disability, abuse and neglect. We may also use your information for audits, investigations, and inspections Oversight agencies may seek this information including government agencies that oversee the health systems benefit programs.

In some instances specific authorization may be required or requested by the patient.

You have the right to access your protected health information that is used to make decisions about individuals; you have the right to receive an accounting of disclosures of your protected health information. You have the right to request a restriction on certain uses and disclosures of your protected health information. You have the right to obtain a paper copy of this notice upon request.

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

We are required to abide by the terms of the most current notice in effect.

We reserve the right to change the terms of our notice and to make the new notice provisions effective for all protected health information that we maintain. We will provide you with a revised copy available upon request.

If you believe your privacy rights have been violated, you may complain to the Secretary of Health and Human Services or us. The website for more information is: www.hhs.gov. You may file a complaint in the following way; by writing to the physician you are seeing at 3821 Masthead St NE Albuquerque, NM 87109

We will not retaliate against you for filing a complaint.