

ASSOCIATED RENAL & HYPERTENSION GROUP, PC

7 Cedar Grove Ln., Suite 31, Somerset, NJ 08876

Tel: (732) 873-1400 Fax: (732) 960-3444 www.associatedrenal.com

NOTICE OF PRIVACY PRACTICES

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.

Effective Date: April 14, 2003

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal, and are committed to protecting your medical information. We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or received by us.

We are required by law to:

- Make sure that medical information that identifies you is kept private, and will be used or disclosed only as described by this Notice or applicable law;
- Make this Notice available to you; and
- Follow the terms of the Notice that is currently in effect.

2. CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will have copies of this notice available in our offices and on our website: www.associatedrenal.com.

3. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose your medical information. For each category of uses or disclosures, we will give some examples. Not every use or disclosure in a category will be listed.

a. For Treatment. We will use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other office personnel who are involved in taking care of you. For example, we would disclose your health information, as necessary, to a home health agency that provides care to you. We also may disclose medical information about you to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

b. For Payment. We will use and disclose medical information about you so that the treatment and services we provide may be billed to and payment may be collected from you, an insurance company, a governmental entity such as Medicare or Medicaid, or a third party. For example, we may need to give your health plan information about treatment we provide so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment or hospital admission. We may also have to send your information to more than one health plan in circumstances where it is not clear which health plan has the responsibility to pay for your care.

c. For Healthcare Operations. We will use and disclose medical information about you for our operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For 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 combine medical information about many patients to decide what additional services we should offer, what services are not needed, and

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whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other office personnel for review and learning purposes. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your physician is ready to see you.

d. Treatment Alternatives. We may/will use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

e. Health-Related Benefits and Services. We may/will use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.

f. Reminders. We may/will use and disclose medical information about you to contact you in an effort to provide appointment reminders for medical care.

g. Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, your clinical lab values may be used for clinical research. Research projects may be conducted with de-identified patient information, with your written authorization, or with the approval of a Privacy Board or Institutional Review Board. De-identified patient information has numerous items removed (i.e., your name, address, phone number, etc.) so that the information may not be used to identify you.

h. Business Associates. We contract with business associates to provide some services. Examples may include medical billing and transcription services. When these services are contracted, we may/will disclose your health information to our business associate so that they may perform the job we have asked them to do. To protect your health information however, we require the business associate to appropriately safeguard your information.

i. As Required By Law. We will disclose medical information about you when required to do so by federal, state, or local law.

j. To Avert a Serious Threat to Health or Safety. We will use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

k. Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. *Except in emergency situations, you may object to the uses and disclosures described in this Section k, either in general or to any specific person or persons to whom your medical information might otherwise be disclosed.*

l. Special Situations. We will use and disclose medical information about you:

➤ To facilitate organ and tissue donation.

➤ For specialized governmental functions, including the military and veterans, national security, criminal corrections and public benefit purposes.

➤ For Workers' Compensation or similar programs, as permitted by law.

➤ For public health activities.

➤ To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

➤ For health oversight activities including, for example, audits, investigations, inspections, and licensure.

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➤ For lawsuits and disputes, we will disclose medical information about you in response to a valid court or administrative order or in the course of defending ourselves.

➤ For law enforcement purposes when asked to do so by a law enforcement official.

➤ To coroners, medical examiners, and funeral directors as necessary to assist them to carry out their duties.

➤ To correctional institutions or law enforcement officials with respect to inmates.

m. Written Authorization. Except as described above, we will disclose your medical information only with your prior written authorization. You may revoke that authorization, in writing, at any time, unless we have taken action relying on your prior authorization or if you signed the authorization as a condition of obtaining insurance coverage.

4. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

a. Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes and other mental health records under certain circumstances.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy medical information in certain very limited circumstances, including requests by an inmate at a correctional institution, requests for information we obtained from someone else subject to certain confidentiality agreements, and some requests concerning ongoing research projects. If you are denied access to medical information for any other reason, you may request that the denial be reviewed. Another licensed healthcare professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

b. Request to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, please submit a written request to our Privacy Officer with a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

➤ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

➤ Is not part of the medical information kept by us;

➤ Is not part of the information which you would be permitted to inspect and copy; or

➤ Is accurate and complete.

If we deny your request, you may submit a written statement disagreeing with the denial. We will keep your statement on file and distribute it with all future disclosures of the information to which it relates.

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c. Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures of medical information about you, with exceptions. We do not need to account for disclosures made: (i) to you; (ii) pursuant to your written authorization; (iii) for the purpose of carrying out treatment, payment or operations; (iv) to persons involved in your care, or to notify your family or friends about your whereabouts; (v) that are incidental to another permissible use or disclosure; (vi) for national security or intelligence purposes; (vii) who had you in custody at the time of the disclosure; (viii) as part of a limited data set; (ix) to a health oversight agency or law enforcement official if they so request. The accounting will include the date of each disclosure, the name of the entity or person to whom the disclosure was made and that person's address (if known), and a brief description of the information disclosed together with the purpose of the disclosure.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

d. Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to us. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

e. Right to Confidential Communications. You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. All reasonable requests will be granted. Contact our Privacy Officer if you require such confidential communications.

f. Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice by requesting a paper copy from our Privacy Officer in writing.

5. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact us:

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7 Cedar Grove Lane, Suite 31
Somerset, NJ 08873
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All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*