

# VICTORIA KIDNEY & DIALYSIS ASSOCIATES

605 E. San Antonio St, Suite 430E  
Victoria, TX 77901

## NOTICE OF PRIVACY PRACTICES

**Effective Date: September 2013**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION.  
PLEASE READ THIS NOTICE CAREFULLY

### **OUR COMMITMENT TO YOUR PRIVACY**

Victoria Kidney & Dialysis Associates is dedicated to maintaining the privacy of your health information. We make a record of the medical care regarding you and the treatment and services we provide to you. We are required by federal and state law to maintain the privacy of your protected health information, to follow the terms of the notice of privacy practices that are currently in effect, to provide you with our notice of privacy practices concerning medical information about you, and to notify affected individuals following a breach of unsecured protected health information. The terms of this notice apply to all records containing your medical information that is created or retained by our practice.

### **HOW PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED**

**Treatment.** We are permitted to use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes coordination or management with other physicians or facilities. For example, the physicians in this practice are specialists and when we provide treatment, we may request information from your referring physician as well as provide information about your diagnosis and treatment so that he may appropriately treat you for other medical conditions. We may coordinate your care with the dialysis centers or transplant centers.

**Payment.** We may use and disclose information about you to bill and collect payment for services provided to you from your insurance company, Medicare, you, or other payer. For example, we may need to disclose information about you to a health plan in order for the health plan to pay your physician for the services you received. We may also need to inform your health plan about a treatment or procedure you are going to receive in order to obtain prior approval or to determine whether your plan will cover these services.

**Health Care Operations.** We are permitted to use and disclose PHI about you in order to efficiently operate Victoria Kidney & Dialysis Associates and ensure all patients receive quality care. For example, your medical records or health information may be used to evaluate health care services, and the quality of your treatment. In addition, medical and billing records are audited to ensure we maintain our compliance with federal and state regulations.

**Appointment Reminders and Other Health Related Benefits.** We may use and disclose PHI about you as a reminder of an upcoming appointment, or to inform you of treatment alternatives or other health related benefits. For example, we may provide a reminder of your next appointment by telephone, voicemail/answering machine, or written notice.

**Treatment Options.** We may use and disclose your PHI to inform you of potential treatment options or alternatives.

**Health Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or service that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share your PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We

also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Disclosures Required By Law.** We will use and disclose your PHI when we are required by federal, State or local law.

**Public Health Risks and Health Oversight.** We may disclose your PHI for public health activities which may include the prevention or control of disease, injury or disability, to report births and deaths, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your information to report reactions to medications or problems with products, or to notify individuals of recalls of product they may be using.

**Health Oversight Activities.** Your PHI may be disclosed to health oversight agencies for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. They may include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor government programs, eligibility or compliance, and to enforce civil rights and criminal laws.

**Business Associates.** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contact.

**Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosed of your health information.

**Lawsuits and Disputes.** If you are involved in certain lawsuits or administrative disputes, we are permitted to disclose PHI about you in response to a court order or administrative order.

**Law Enforcement.** If asked by a law enforcement official, we may disclose your PHI under limited circumstances provided the information is: in response to a court order, warrant, or subpoena; to identify or locate a suspect, fugitive, or missing person; about a victim of crime, whether living or deceased, and we are unable to obtain the person's agreement; released because a crime has occurred on these premises; about a death we believe may be the result of criminal conduct; and in an emergency to report a crime, the location of the crime or victims, or the identity description or location of the person who committed the crime.

**Inmates.** If you are an inmate or under the custody of law enforcement, we may release your PHI to the correctional facility or law enforcement official. This release is permitted to allow the institution to provide you with medical treatment, to protect your health or the health and safety of others, or for the safety or security of the correctional facility.

**Coroners, Medical Examiners, and Funeral Directors.** We are permitted to release your PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release information to funeral directors in order for the director to carry out his duties.

**Organ and Tissue Transplants.** If you have formally indicated your desire to be an organ donor or recipient, we may release PHI to organizations who handle procurement of organ, eye, or tissue transplantation.

**Research or Other Qualified Personnel.** We may use and disclose PHI about you for research or for management audit, financial audit, or program evaluation. We will only disclose your PHI for research purposes without your expressed authorization if the research protocol has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Serious Threat to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.

Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Military, Veterans, and National Security.** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may disclose your PHI for specialized governmental functions, authorized national security and intelligence activities, and for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

**National Security.** Our practice may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)**

**Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to VKD Privacy Officer, in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the cost of copying, mailing, labor and supplies associated with our request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**Amendment or Supplement.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the VKD Privacy Officer. You must provide us with a reason that supports your request for amendment. Our practice will deny our request if you fail to submit your request (and the reason supporting your request) in writing. Also, we must deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." This is a list of disclosures we made of medical information about you, excluding disclosures for the purpose of treatment, payment and healthcare operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to the VKD Privacy Officer. Your request must state a time period, which 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 for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before costs are incurred.

**Request Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of our PHI, you must make your request in writing to VKDA Privacy Officer, 605 E. San Antonio Street, Suite 430E, Victoria, Texas 77901. Your request must describe in a clear and concise fashion: (1) the information you wish restricted; (2) whether you are requesting to limit our practice's use, disclosure or both; and (3) to whom you want the limit to apply.

**Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer, specifying the requested method of contact, or the location where you wish to be contacted. You are not required to give a specific reason for your request; however, the request must be reasonable in terms of the practices' ability to comply administratively with the request. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.

**Out-of-Pocket-Payments.** If you paid out-of-pocket (have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Notification of a Breach of Your PHI.** We will notify you in the event of a breach of unsecured PHI as required by law.

**Electronic or Paper Copy of This Notice.** Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

**Fundraising.** We may use or disclose certain limited amounts of your medical information to send you fundraising materials. You have a right to opt out of receiving such fundraising communications.

**Marketing and Sale of your PHI.** Uses and disclosures of your PHI for marketing purposes and disclosures that constitute a sale of your PHI will only be made with your written authorization.

**File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer. All complaints to Victoria Kidney & Dialysis Associates must be in writing. You will not be penalized for filing a complaint. You may also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services, Region VI, Office for Civil Rights, U.S. Department of Human Services 1301 Young Street, Suite 1169, Dallas, Texas 75202

**Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorizations you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing to the Victoria Kidney & Dialysis Associates Privacy Officer. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care.

**Changes to This Notice.** We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time. If you have any questions about this notice, please contact our Privacy Officer at Victoria Kidney & Dialysis Associates, 605 E San Antonio St., Suite 430E, Victoria, TX 77901 (361)576-0011.