



## NOTICE OF PRIVACY PRACTICES

### Effective April 14, 2003, updated April 7, 2015

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

Tampa Bay Nephrology Associates, P.L., (TBNA) is committed to maintaining the privacy of your health information. We are required by law to give you this Notice that describes our legal duties and privacy practices concerning your health information.

#### **WHO WILL FOLLOW THIS NOTICE**

This Notice describes the health information privacy practices of TBNA, its Medical Staff, all Allied Health Professionals and support personnel related to our outpatient services provided by TBNA. The word “we” or “our” used in this Notice refers to TBNA, its employees, and other members of TBNA support staff, along with members of the Medical Staff and credentialed Allied Health Professionals who elect to comply with the terms of this Notice. If a member of the Medical Staff has not elected to be governed by this Notice, the law requires them to provide you with a copy of their own Notice of Privacy Practices.

#### **USES AND DISCLOSURES**

In general, when we release your health information, we must release only the information needed to achieve the purpose of the use or disclosure. However, all of your health information will be available for release to you, to a health provider regarding your treatment, or as required by law. More specifically, we are permitted to use and disclose your health information for the following purposes:

1. **Treatment.** We are permitted to use and disclose your health information to provide you with medical treatment or services. For example, we are permitted to disclose medical information about you to doctors, nurses, technicians, healthcare students, or other personnel who are involved in your care at TBNA and or corresponding hospital. Additionally, we will share medical information about you in order to coordinate the different aspects of your care, such as medications, lab work, x-rays, etc.
2. **Payment.** We are permitted to use and disclose medical information about you in order to bill and receive payment for the services you receive at the hospital. For example, in order to receive payment from your insurance company, we might need to provide specific health information to your health insurance plan/company about your diagnosis or health services you received at TBNA. It is your responsibility to let us know if and when your insurance changes. It is also your responsibility to obtain all necessary referrals for your office visits to us. If you do not notify us within 1 month of that change, you will be responsible for your outstanding bill if those charges are not recoverable via your new insurance. We are permitted to tell your health insurance plan about a treatment or service you are going to receive and your diagnosis in order to obtain pre-authorization or to determine whether your plan covers the treatment or service.
3. **Health Care Operations.** We are permitted to use and disclose your health information for TBNA operations and/or collaborating hospitals. These uses and disclosures are necessary to run TBNA and help to assure that we provide quality services to all of our patients. For example, we are permitted to use medical information to evaluate the performance of the staff in caring for you and to assist us in making improvements in the care and services we offer. We are permitted to disclose your medical information to organizations that accredit medical offices/clinics as part of our surveys/inspections. We are also permitted to submit health information to outside organizations to combine with health information from other clinics/hospitals’ patients to assist us with improving our operations and to decide what additional services TBNA might offer, what services may no longer be needed and whether certain treatment services have been effective.
4. **Appointment Reminders/New Treatments.** We are permitted to use your health information to provide you with appointment reminders or other information about treatment alternatives or health related benefits or services that might be of interest to you. For example, we are permitted to contact our patients regarding their potential interest in research protocols that may be beneficial to them.
5. **As Required or Permitted by Law.** Under certain circumstances, we are required to report specific health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we are permitted to disclose your health information in relation to cases of abuse, neglect, domestic violence or certain physical injuries, or to respond to a subpoena or court order.
6. **For Public Health Activities.** We are, at times, required to report your health information to authorities to help prevent or control disease, injury, or disability. This might include disclosing information in your medical record to report certain diseases, injuries, birth or death information to the health Department, information of concern to the Food and Drug Administration, or information related to vulnerable adult abuse or neglect.
7. **For Health Oversight Activities.** We are permitted to disclose your health information to a health oversight agency for monitoring and oversight activities authorized by law. This might include release of information to the State agency that licenses the hospital for the purpose of monitoring or inspecting the hospital related to that license. This will also

include the release of information to organizations responsible for government benefit programs such as Medicare or Medicaid.

8. **For Activities Related to Death.** We are permitted to disclose health information about patients who have died to organizations involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
9. **For Organ, Eye or Tissue Donation.** We are permitted to disclose health information about patients who have died to organizations involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
10. **For Research.** Medical information is permitted to be disclosed to a researcher developing a research study, so long as the information is necessary for developing the study and will not be removed from TBNA. If a research project is to be conducted using medical information at TBNA, the project is reviewed by the corresponding Institutional Review Board(s) (IRB) with that agency. As part of that review process, the IRB reviews the types of medical information to be gathered by the researcher and the protections that will be used for this information. Your medical information will not be released for any research project unless you consent in writing or the IRB determines that there is no more than a minimal risk to the privacy of our patients.
11. **To Avoid a Serious Threat to Health or Safety.** As required by law and standards of ethical conduct, we are permitted to release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your, the public's, or another individual's health or safety.
12. **For Military, National Security, or Incarceration/Law Enforcement Custody.** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we are permitted to release your health information to the proper authorities so they may carry out their duties under the law. We are permitted to release medical information about you to authorized federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
13. **For Workers' Compensation.** We are permitted to disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. TBNA employees should be aware that health information related to health services rendered at TBNA would be released to your employer. If the services you received were performed for work-related medical surveillance and/or as a result of work-related illness or injuries.

**Unless you object in writing and there is not an emergency situation, we are permitted to use and disclose your health information for the following purposes:**

1. **TBNA Directory Information.** We are permitted to use your health information, such as your name, location/position in our company, your general health condition (ie: stable, unstable), and your religious affiliation for our directory or patient census listing. The information about you contained in our directory or patient census listing may be released to people who ask for you by name. However, the information about your religious affiliation will only be disclosed to applicable clergy. You may restrict some or all of these directory disclosures by requesting the restriction in writing. Information may be obtained from the Receptionist/Privacy Act Officer or by calling 813-353-8775.
2. **To Family, Relatives, Friends, or those Involved with Your Care or Payment for Your Care.** We are permitted to release health information to people identified by you, such as family members, relatives, or close personal friends or others who are helping to care for you or helping you pay your medical bills. The information released to these people may include your status as a patient of TBNA and your general condition. You may restrict these disclosures by requesting in writing. Your Nurse or other patient care provider can assist you in this request. You can also make the request to the Privacy Act Officer: Polly Bittle, RN, BSN, Tampa Bay Nephrology Associates 4705 N. Armenia Avenue Suite A, Tampa, FL 33603.
3. **To Organizations Authorized to Handle Disaster Relief Efforts so those who care for You Can Receive Information about your Location or Health Status.** You may restrict these disclosures by requesting the restriction in writing. Please send your request to the Privacy Act Officer: Polly Bittle, ARNP-C, MSN, Tampa Bay Nephrology Associates 4705 N. Armenia Avenue Suite A, Tampa, FL 33603.

***NOTE: Except for the situations described in this notice, we must obtain your specific written authorization for any other release of your health information. If you sign an authorization form, you may withdraw that authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw an authorization signed by you, please contact the Privacy Act Officer: Polly Bittle, ARNP-C, MSN, Tampa Bay Nephrology Associates 4705 N. Armenia Avenue Suite A, Tampa, FL 33603 for instructions or contact Dr. German Ramirez, MD at the same address.***

### **Your Health Information Rights**

**You have several rights with regard to your health information. Specifically, you have the right to:**

1. **Inspect and copy your health information.** With a few exceptions, you have the right to inspect and obtain a copy of your medical record. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings. In addition, we are permitted to charge you a reasonable fee to copy your health information. Copies, if requested, will be \$ 0.25 cents for each page and the staff time charged will be \$14.00 per hour including the time required to locate and copy your health information. If you want the copies mailed to you, postage will also be charged. If you prefer a summary or an explanation of your health information, we will provide it for a fee. Please contact our Privacy Act Officer for a fee and/or for an explanation of our fee structure.

2. **Request to Amend Your Health Information.** If you believe the health information within your medical record is incorrect, you may ask us to amend the information. You will be asked to make such requests in writing to our Medical Records Department at Tampa Bay Nephrology Associates, 4705 N. Armenia Avenue, Suite A, Tampa, FL 33603, and to include the requested amendment along with a reason as to why your health information should be amended. We are not required, however, to honor your request if we did not create the information you are requesting be amended or if, it is our professional opinion that the information in your record is correct. We will respond to your request in writing within 60 days of the date of receipt of your written request for amendment of your information.
3. **Request Restrictions on Certain Uses and Disclosures.** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. However, we are not required to agree to your requested restriction and, even if we agree to the requested restriction, we are permitted to use your information without complying with the restriction if necessary to treat you in an emergency situation.
4. **As Applicable, Receive Confidential communication of Health Information.** You have the right to ask that we communicate your health information to you by different means or places. For example, you may ask to receive information about your health status in a special, private room or through correspondence sent to a private address.
5. **Receive a Record of Disclosures of your Health Information.** You have the right to ask for a list of the disclosures of your health information we have made during the previous five years, but the request cannot include dates before that time. This listing will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and the reason for the disclosure. This listing will not include the following disclosures:
  - a. Disclosures made for the purpose of treatment, payment or healthcare operations, or disclosures of TBNA directory information of disclosures made to family or responsible caregivers as described above.
  - b. Disclosures made directly to you.
  - c. Disclosures made based on a valid authorization form you or from your legally authorized representative.
  - d. Oral or incidental disclosures.
  - e. Disclosures made for purposes of national security or to correctional institutions or law enforcement officers as described above.
  - f. Disclosures made prior to five years.

You must request this listing of disclosures in writing through the Medical Records Department, Tampa Bay Nephrology Associates, 4705 N. Armenia Avenue, Suite A, Tampa, FL 33603. We will provide you with a listing within 60 days of receipt of your request, unless you agree to a 30day extension. There is no charge to you for the list, unless you request such a list more than once per year.

6. **Obtain a Paper Copy of this Notice.** Upon your request, you may at any time receive a paper copy of this Notice, even if you earlier agreed to receive this Notice in another fashion. Copies of our Notice are available in the check in area at each office. You may also obtain a copy of our Notice of Privacy Practices and any revisions to it in writing at the above address.
7. **Complaint.** If you believe your privacy rights related to outpatient services received at TBNA have been violated by TBNA, you may file a complaint with us at the address listed below and/or you may file a complaint directly with the Secretary, Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with TBNA, please contact:

Tampa Bay Nephrology Associates  
4705 N. Armenia Avenue, Suite A  
Tampa, FL 33603  
(813) 353-8775

**This Notice of Privacy practices is effective April 14, 2003 and has been updated February 2, 2013.** We must follow the privacy practices described in this Notice. However, TBNA reserves the right to change our privacy practices described in this Notice at any time, and to apply these changes retroactively. Changes to our privacy practices would apply to all health information we maintain.

If you have any questions or concerns regarding your privacy rights or the information in this Notice, please contact Polly Bittle, ARNP-C, MSN, Practice Manager / Privacy Act Officer, at Tampa Bay Nephrology Associates, 4705 N. Armenia Avenue, Suite A, Tampa, FL 33603 (813-353-8775).