



3366 NW Expressway Oklahoma City, OK 73112

NOTICE OF PRIVACY PRACTICES

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

Kidney Specialists of Central Oklahoma, PC (“KSCO”) is required to maintain the privacy of your health information and provide you with a notice of its legal duties and privacy practices. We call this information “protected health information” or “PHI” for short. We will not use or disclose your PHI except as described in this notice. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure.

TREATMENT, PAYMENT, & HEALTHCARE OPERATIONS

- **Treatment:** We may use your PHI to provide you with medical treatment and services. We may disclose your PHI to physicians, nurses, technicians, medical students, and other health care personnel who need to know your PHI for your care and continued treatment. Different departments of our practice may share your PHI in order to coordinate services, such as prescriptions, lab work, x-rays, and other services. We may use and disclose your PHI to tell you about or arrange for possible treatment options for your continued care, such as rehabilitation, home care, or nursing home services.
- **Payment:** We may use and disclose your PHI for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. PHI may be released to an insurance company, third party payer, or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record that are necessary for payment of your account. For example, a bill sent to a third-party payer may include information identifying you, your diagnosis, and procedures and supplies used. To obtain prior approval or determine whether your health plan will cover the treatment, we may also tell your plan about a treatment you are going to receive.
- **Routine Healthcare Operations:** We may use and disclose your PHI during routine healthcare operations, including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing, credentialing, medical research,

and education.

SPECIAL CIRCUMSTANCES

- **Emergencies:** Your consent is not required if you need emergency treatment. We will try to get your consent as soon as possible after the emergency.
- **Mental Health/Substance Abuse:** In certain circumstances, we may not disclose your PHI, including psychotherapy notes, to you without the written consent of your physician or to others without your written consent or a court order.

DISCLOSURES REQUIRING YOUR CONSENT

- **Family/Friends:** Unless you object, orally or in writing, we may release your PHI to a friend or family member who is involved in your medical care or who helps pay for your care. We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others. The opportunity to consent may be obtained retroactively in emergency situations.
- **Appointment Reminders:** We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done by one of our staff members. If you are not at home, we may leave a message on an answering machine or with the person answering the telephone.
- **Health Related Business and Services:** We may use and disclose your PHI to tell you of health-related benefits/services of interest to you.
- **Business Associates:** We may use and disclose your PHI to business associates with whom we contract to provide services on our behalf. Examples of business associates include consultants, medical transcriptionists, accountants, lawyers, and third-party billing companies. We require the business associate to protect confidentiality of your PHI.
- **Worker's Compensation:** We may release your PHI for workers' compensation or similar programs. We may provide your PHI in order to comply with workers' compensation laws.
- **Other uses:** In situations not described in this Notice, we will ask for your written authorization before using or disclosing your PHI.

CERTAIN USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR CONSENT

- **Organ Procurement Organizations:** If you are an organ donor, we may disclose your PHI to organ procurement organizations and other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant to assist them in organ or tissue donations and transplants.
- **Regulatory Agencies:** We may disclose your PHI to a health oversight agency for

activities authorized by law, including, but not limited to, licensure, certification, audits, investigations, inspections, and medical device reporting. We may provide your PHI to assist the government when it conducts an investigation or inspection of a healthcare provider or organization.

- **Law Enforcement:** We may disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena or court order.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a valid court or administrative order, subpoena, discovery request, or other lawful process. We may also disclose your PHI in the course of any administrative or judicial proceeding.
- **Public Health:** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we are required to report abuse, reactions to medications, criminally injurious conduct, device recalls, and various diseases and/or infections to government agencies in charge of collecting that information.
- **Specific Government Functions:** We may disclose your PHI to military personnel and veterans in certain situations. We may disclose your PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
- **Military/Veterans:** We may disclose your PHI as required by military command authorities, if you are a member of the armed forces.
- **Inmates:** If you are an inmate of a correctional institute or under the custody of a law enforcement officer, we may release your PHI to the correctional institute or law enforcement official.
- **To Avoid Harm:** In order to avoid a serious threat to the health and safety of a person or the public, we may disclose PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- **Required by Law:** We will disclose your PHI when required to do so by law. For example, we may disclose certain medical information to those persons who have a risk exposure related to a communicable disease.
- **Coroners, Medical Examiners, Funeral Directors:** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. We may also release your PHI to funeral directors as necessary to carry out their duties.

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

PATIENT HEALTH INFORMATION RIGHTS

Although all records concerning your care at KSCO are the property of KSCO, you have the following rights concerning your PHI.

- **Right to Confidential Communications:** You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that we only contact you at work or by mail. You must submit your request in writing.

- **Right to Inspect and Copy:** You have the right to inspect and copy your PHI as provided by law.

A request must be made in writing. We have the right to charge you the amounts allowed by state or federal law for such copies.

- **Right to Amend:** If you feel that the PHI we have about you is incorrect or incomplete, you have the right to request an amendment of your PHI. You must submit your request in writing and state the reason(s) for the amendment. We are not required by federal law to honor your request for amendment if we determine, among other things, that the PHI is accurate and complete.

- **Right to Accounting:** You have the right to obtain a statement of the disclosures of your PHI to third parties, except those disclosures made for treatment, payment, or healthcare operations or pursuant to this Notice. To request this list, you must submit your request in writing and state a time period not longer than (one year) which may not include dates prior to April 14, 2003. The first statement of disclosure within a 12-month period is free; subsequent statements will cost (\$1.00).

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment, or healthcare operations or disclosures by us. We are not required by federal law to agree to your requested restriction. To request restrictions, you must make your request in writing and tell us (i) the information you want to limit; (ii) whether you want to limit our use, disclosure, or both; and (iii) to whom you want these limits to apply.

- **Right to Receive Copy of this Notice:** You have the right to request this Notice at any time.

- **Right to Revoke Authorization:** You have the right to revoke your authorization to use or disclose your PHI, EXCEPT to the extent that action has already been taken by us in reliance on your authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have any questions and would like additional information, you may contact the KSCO Privacy/ Security Officer at the number listed below. If you believe your privacy rights have been violated, you may file a complaint with KSCO or with the Secretary of the Department of Health and Human Services.

To file a complaint with KSCO, please contact the KSCO Privacy/Security Officer. All complaints must be submitted in writing. The address to file a complaint with DHHS is 200 Independence Avenue, S.W., Washington, D.C. 20201, HHS.Mail@hhs.gov. The complaint must be in writing and filed within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE

We will abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI we maintain.

NOTICE EFFECTIVE DATE:

April 14, 2003

**For all questions or requests regarding this notice, please contact KSCO's
Privacy/Security Officer:**

**Todd Little
Phone: (405) 942-5442
Fax: (405) 942-6448**