

**NOTICE OF INFORMATION PRIVACY PRACTICES
OF INDEPENDENT DIALYSIS FOUNDATION, INC.**

**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: May 14, 2003

Page 1 contains a summary of the more detailed information that follows on pages 2-4.

- A. We have a legal duty to protect health information about you. We call this information "protected health information" or "PHI".
- B. We may use and disclose PHI without asking you in the following ways:
 - 1. We may use and disclose PHI to treat you.
 - 2. We may use and disclose PHI to get paid for our services.
 - 3. We may use and disclose PHI for health care operations.
 - 4. We may contact you to remind you of an appointment.
 - 5. We may send you material about our services and providers.
 - 6. We may share information about you with your family or with other people who are involved in your care or payment for your care. We may share information for disaster relief purposes.
 - 7. We may use and disclose PHI about you under other circumstances without asking you.
- C. You have certain rights regarding PHI about you.
 - 1. You have a right to a copy of this Notice.
 - 2. You have the right to see and receive a copy of PHI about you upon your written request.
 - 3. You have the right to request different ways to communicate with you.
 - 4. You have the right to request amendment of PHI about you.
 - 5. You have the right to ask us to restrict uses and disclosures of PHI about you.
 - 6. You have the right to a listing of disclosures we have made.
- D. You may file a complaint about our privacy practices.

We work with the physicians at our facilities to provide your care. We may share PHI about you for treatment, payment, or health care operations with physicians on our medical staff. We are a separate legal entity from our physicians. We maintain separate health and billing records. You must contact your physician directly to obtain any PHI that they may keep about you.

A. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.

We are committed to protecting the privacy of your PHI. Federal and State laws require us to keep PHI about you private. These laws also require us to tell you how we protect PHI about you, and how, when, and why we use PHI about you. We may only use PHI as described in this Notice. *There are other laws that provide additional protections for PHI related to treatment for mental health, alcohol and other substance abuse. We will follow the requirements of these laws for that kind of PHI.* We may change this Notice. The new notice will apply to all PHI that we have. If we change the notice, we will post the revised notice at the Facility, on our web site, and make copies of the revised notice available.

B. WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT ASKING YOU IN THE FOLLOWING WAYS.

1. We may use and disclose PHI to treat you.

EXAMPLE: Your dialysis access is not working properly. Your doctor refers you to the interventional radiologist for evaluation. The radiologist may request information about your medical/health problems, medicines you take, etc. in order to treat you. We will disclose PHI to the provider so that he/she may care for you.

2. We may use and disclose PHI to get paid for our services.

We may give your insurer PHI when we ask it to pay for your care. We may disclose PHI to obtain payment from others responsible, such as family members, and to get help in being paid (collection agencies).

EXAMPLE: You have kidney failure. We give your insurer information about your condition and services you receive (such as dialysis treatments, laboratory tests, medications given during treatment, etc.) so it will pay us.

3. We may use and disclose PHI for health care operations.

These “health care operations” help us improve the quality of care we provide, reduce costs, and educate students. Staff review PHI to educate caregivers and to plan services. Staff share PHI with accountants, lawyers and others who help us (business associate). We provide PHI to outside organizations such as the Centers for Medicare and Medicaid Services and the Maryland Commission on Kidney Disease, who judge the quality of care we provide.

EXAMPLE: You had an unusual illness. Later, staff who took care of you may discuss your illness with other staff so they will learn about the illness and how to treat it.

4. We may contact you to remind you of an appointment.

5. We may send you material about our services and providers.

We may use PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, and other healthcare providers you might be interested in.

EXAMPLE: If you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

6. We may share information with your family or with others involved in your care or payment for your care. We may share information for disaster relief purposes.

Unless you object:

- We may share with a family member, friend or other person you identify, PHI directly related to that person's involvement in your care or payment for that care. We may share with them PHI so they will know where you are, your general condition, or of your death.
- We may post information in our facility announcing your birthday or notice of your death/funeral arrangements.
- We may share with an agency (for example, American Red Cross) PHI about you when you are involved in a disaster. Even if you object, we may share the PHI about you in an emergency.

If you would like to object to this use or disclosure of PHI about you, please notify in writing the Nurse Manager at your facility.

7. We may use and disclose PHI about you under other circumstances without asking you.

These circumstances include:

AS REQUIRED BY LAW: federal, state, or local law.

HEALTH OVERSIGHT ACTIVITIES: including audits; civil, administrative or criminal investigations; licensure or disciplinary actions; and monitoring of compliance with laws.

WORKERS COMPENSATION: or similar programs, as required by the laws governing these programs.

RESEARCH PURPOSES: if an Institutional Review Board has reviewed the request for the information and approved a waiver of authorization under standards set by law.

PUBLIC HEALTH ACTIVITIES: such as keeping birth or death records; controlling communicable disease; ensuring the safety of drugs and medical devices; tracking work related illness and injury; and reporting abuse, neglect or domestic violence to government authorities.

ORGAN AND TISSUE PROCUREMENT: informing organ procurement, eye or tissue organizations to aid organ or tissue donation and transplantation.

CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS: to determine the cause of death and to permit them to carry out their duties.

LAWSUITS AND DISPUTES: as required by law or an order of a court or agency that is handling a dispute.

LAW ENFORCEMENT: to appropriate persons to prevent a serious and imminent threat to the health or safety of a particular person, for national security and intelligence, to identify suspects, fugitives or witnesses, or victims of crime (with your consent in some circumstances), or to report crimes on the premises

MILITARY AND VETERANS: as required by command authorities.

INMATES: information for your health and the health and the safety of others.

**WE MUST ASK YOU FOR PERMISSION FOR ANY OTHER USE
OR DISCLOSURE OF PHI ABOUT YOU.**

In any other circumstances, we will ask for your written authorization before we use or disclose PHI about you. Your authorization will be for a specific purpose. If you give us authorization, you can later change your mind and cancel your authorization but you must cancel your authorization in writing. Once we receive your cancellation, we will not disclose PHI about you, except for disclosures that we processed before we received your cancellation.

C. YOU HAVE THE RIGHT TO:

1. A copy of this Notice.

CONTACT: The Nurse Manager at your facility or download a copy from the web site at www.idfdn.org.

2. See and copy PHI about you.

Your request must be in writing. We may charge you a fee to copy your record. In certain situations, we are not required to comply with your request, but we will tell you in writing why we will not grant your request and what you must do to request a review of our decision.

3. Request different ways to communicate with you.

Your request must be in writing. We will honor reasonable requests. For example, you may request that we contact you at your work address or phone number.

4. Request amendment of PHI about you.

Your request must be in writing and include why you think the PHI is wrong. We may deny your request, for example, if we think the PHI is accurate. *Even if we accept your request, we may not delete any information already in your medical record.* If we reject your request, we will tell you why; if you send us a written statement describing what you think is wrong, we will put that in the medical record.

5. Ask us to restrict uses and disclosures of PHI about you.

Your request must be in writing. We do not have to agree to your request. The law may not let us agree. *If we do agree, we must comply with our agreement except when the information is needed to provide you with emergency treatment or to comply with the law.*

6. A listing of disclosures we have made.

Your request must be in writing. The list will not include information about some disclosures, such as disclosures for treatment, payment or healthcare operations. *If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.*

D. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you believe your privacy rights have been violated, you may file a complaint. This complaint must be in writing and addressed to: Independent Dialysis Foundation, ATTN: Privacy Officer, 840 Hollins Street, Baltimore MD 21201. There will be no retaliation for filing a complaint.

You may contact our Privacy Officer at 410-468-0900 if you need more information about any matter covered in this notice.

You also have the right to complain to the Secretary of the Department of Health and Human Services. You may file a written complaint by mail, fax or e-mail. For more information about the Privacy Rule or how to file a complaint, contact any Office for Civil Rights location or go to www.hhs.gov/ocr/hipaa/. Complaints to the Secretary should be addressed to: Region III, Office for Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. Main Line (215) 861-4441. Hotline (800) 368-1019. FAX (215) 861-4431. TDD (215) 861-4440.

For all complaints filed by e-mail send to: OCRComplaint@hhs.gov.

Based in part on a draft prepared by the North Carolina Healthcare Information and Communications Alliance, Inc.