

NEPHROLOGY & INTERNAL MEDICINE

PRIVACY POLICY

Telephone: (864) 224-8716

Fax: (864) 226-2287

Patient privacy notice for Nephrology and Internal Medicine of Anderson, PA

Our most important asset is the foundation of trust developed with our patients since our practice began in 1974. A cornerstone of the foundation is protecting personal information that we collect about you. This notice describes how medical information about you may be used and disclosed and how you can have access to that information. Please read it carefully.

We collect the following categories of nonpublic personal health information:

- Information we receive from you on Patient Information and Check In sheets.
- Information about your transactions in the office, hospital, and outpatient facilities.
- Information that we receive from insurance carriers.
- Information that we receive regarding your personal health from other medical facilities.

Information Disclosure

We do not disclose any nonpublic personal information about you except as permitted or required by law. We do not sell nonpublic information about you. These policies continue after your relationship with us becomes inactive or terminates.

Disclosures permitted by law – We may disclose nonpublic personal information about you to affiliates to enable them to provide business services to us. For example, insurance companies.

Disclosures required by law – We will disclose nonpublic personal information about you when required to do so by law. For example, to the state health department regarding public health notices as required by state law, in response to a subpoena, and to law enforcement in connection with the detection and prevention of fraud.

Access To Information

Information collected about you is confidential. We restrict access to personal information about you to employees who need it to administer or offer our services. We maintain physical, electronic and procedural safeguards of data complying with law. Employees are required to comply with the privacy policy that is currently in effect. The privacy policy is subject to change on an “as needed basis” and a copy is always available upon request.

Patient Access

We will provide to you access to your medical records at your request. You will receive a copy of your medical records if you so desire, within 30 days of your written request. You will be billed for copies according to SC Law Section 44-115-60. You may make amendments to your medical records. Amendments must be provided either in your hand or typed. Your chart will include a history of non-routine disclosures as required by law. If you wish to review your medical records, an appointment will be scheduled with our Privacy Officer. This time is not billable to your insurance company and must be paid at the time of service. You will be billed a flat rate for any time under an hour. All time over an hour will be billed at 15-minute intervals.

Authorization

We will provide to you an “authorization release form” for information about you that is released from this office for non-routine disclosures and most non-health care purposes. In other words, purposes other than treatment, payment, or healthcare operations. You have a right to request restrictions on the uses and disclosures of your information. This authorization must have an expiration date and be specific to the request.

Other Permitted & Required Uses & Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

Communication with family: Unless you object, health professionals, using their best judgment, may disclose to a family member, or any other person that you identify, health information relevant to that person’s involvement in your care or payment related to your care. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

Recourse

If you feel that your privacy has been violated you may file a report to the Privacy Officer, Elaine Griffith, manager of Nephrology and Internal Medicine by calling (864) 224-8716. You have a right to file a formal complaint with any provider, health plan, or with HHS about violations of the provisions of this rule or the policies and procedures of any provider. We will not retaliate against you for filing a complaint.

Accountability

All of the employees at Nephrology and Internal Medicine have read and understand the Privacy Policy of this establishment and have agreed to abide by the rules and regulations that maintain patients privacy and confidentiality.

Patient Signature

I have read, understand, and agree with the information in this privacy policy. I understand that the effective date of this policy is April 2003.

Patient Printed Name _____

Patient or Guardian Signature _____

Date _____

Date of Revision: 5/17/2007