

NEW ORLEANS NEPHROLOGY ASSOCIATES, LLC

Metabolic Bone and Stone Center • Nephrology • Hypertension

Friedrichs H. Harris, M.D., F.A.C.P.
Gabriel Rivera, M.D.
Miguel F. Molina, M.D.
Jill Lindberg, M.D., F.A.C.P.
Steven Morris, M.D.
Trac T. Le, M.D.
Hui J. Kim, M.D., F.A.C.P.
Ashwin P. Jaikishen, M.D.

4409 Utica Street, Suite 100
Metairie, Louisiana 70006
(504) 457-3687
Fax: (504) 620-0250

1111 Medical Center Blvd.
Suite N 511
Marrero, Louisiana 70072
(504) 349-6301

Diplomates of the
American Board of Nephrology

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

New Orleans Nephrology Associates, LLC, is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with the Notice of our legal duties and privacy practices with respect to protected health information. New Orleans Nephrology Associates, LLC, is required by law to abide by the terms of this notice.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

We will use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor or nurse treating you, by the business office to process your payment for services rendered, and by the administrative personnel reviewing the quality of care you receive.

We may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

Appointment Reminders

- We may contact you to provide appointment reminders.

Treatment Information

- We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Disclosure to Department of Health and Human Services

- We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our **compliance with relevant laws**.

Family and Friends

- Unless you object, we may disclose your medical information to family members, other relatives or close personal friends when the medical information is directly relevant to that person's involvement with your care.

Notification

- Unless you object, we may use or disclose your medical information to notify a family member, a personal representative or another person responsible for your care, location, general condition, or death.

Health Oversight Activities

- We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities **authorized by law**, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

Abuse or Neglect

- We may disclose your medical information when it concerns abuse, neglect or violence to you **in accordance with federal and state law**.

Legal Proceedings

- We may disclose your medical information in the course of certain judicial or administrative proceedings.

Law Enforcement

- We may disclose your medical information for law enforcement purposes or other specialized government functions.

Coroners, Medical Examiners, and Funeral Directors

- We may disclose your medical information to a coroner, medical examiner, or a funeral director.

Organ Donation

- If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

Public Safety

- We may use or disclose your medical information to prevent or lessen a serious threat to a health or safety of another person or to the public.

Workers' Compensation

- We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

Business Associates

- We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

HIPAA regulations do not require the Notice of Privacy Practices to include a list of all situations requiring authorization, or a description of recordkeeping for psychotherapy notes.

AUTHORIZATIONS:

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time. You may request a Revocation of Authorization form by contacting:

New Orleans Nephrology Associates, LLC
4409 Utica Street, Suite 100
Metairie, LA 70006
(504) 457-3687
Terry A. Caluda, Practice Manager

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

You have the following rights with respect to your medical information:

- You may ask to restrict certain uses and disclosures of your medical information. We are not required to agree to your request, but if we do, we will honor it.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You may request a paper copy of this Notice of Privacy for Protected Health Information.
- You have the right to be notified if your confidential personal or healthcare information has been breached.
- You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us, please contact:

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REVISION OF NOTICE OF PRIVACY PRACTICES

We reserve the right to change the terms of the Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at New Orleans Nephrology Associates, LLC, and will make paper copies of the revised Notice of Privacy Practices available upon request.

ACKNOWLEDGMENT

I hereby acknowledge that I have received and have had an opportunity to ask questions concerning the Notice of Privacy Practices of New Orleans Nephrology Associates, LLC.

Patient or Patient Representative

Date

Representative's Relationship to Patient