

Authorized Name: _____
Phone #: _____ Alt # _____
Address: _____
City: _____ State: _____ Zip: _____

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Phone #: _____ Alt # _____
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City: _____ State: _____ Zip: _____

The Center for Kidney Care

HIPAA RESOURCES

Centers for Medicare and Medicaid
Services
<http://www.cms.gov/hipaa/>

Office for Civil Rights
<http://www.hhs.gov/ocr/hipaa/>

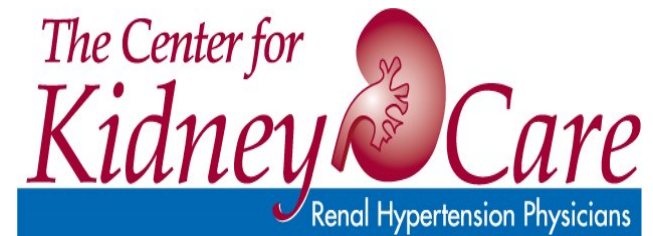
U.S. Department of Health and Human
Services
[http://aspe.hhs.gov/admsimp/
index.htm](http://aspe.hhs.gov/admsimp/index.htm)

HIPAA Advisory
<http://www.himinfo.com>

1261 Route 38
Suite A
Hainesport, NJ 08036

Burlington Professional Campus
1900 Mount Holly Road
Suite 4D
Burlington, NJ 08016

Phone: 856-222-1975
Fax: 856-222-0721



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW
HEALTH INFORMATION ABOUT
YOU (AS A PATIENT OF THIS
PRACTICE) MAY BE USED AND
DISCLOSED, AND HOW YOU
CAN GET ACCESS TO YOUR
INDIVIDUALLY IDENTIFIABLE
HEALTH INFORMATION.

OUR COMMITMENT TO YOUR PRIVACY

Michael J. Conrad, MD
David S. Share, MD
Myra T. Vargas, MD
Elliot J. Suchin, MD
Dorothy D. Min, MD
Prasad G. Acharya, MD
Margaret M. Franger, MD
Matthew J. Solitro, MD
Samir N. Shah, MD
Robert A. Sirota, MD

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICER AT 856-222-1975 WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

Appointment Reminders. Our practice may use and disclose your IIHI to contact you and remind you of an appointment.
Treatment Options. Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

Treatment. Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.

Payment. Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.

Health Care Operations. Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

I have received a copy of
The Center for Kidney Care's
Notice of Privacy Practices.

Patient Name

Date

Witness

Registration Authorization

In order to clarify my desires about sharing my Private Health Information with family members and/ or friends, I have completed the following Registration Authorization which identifies family members and friends who have the right to access my Private Health Information. If I also wish for the following persons to have authority to serve as a Personal Representative to act on my behalf, I must have a copy of a power of attorney, in order to have any decisions made on my behalf.

Authorized Name: _____

Phone #: _____ Alt #: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Name: _____

Phone #: _____ Alt #: _____

Address: _____

City: _____ State: _____ Zip: _____

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