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## **HIPAA PRIVACY PRACTICES**

### **NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices is **NOT** an authorization. This Notice describes how we, our Business Associates, and their subcontractors may use and disclose your **Protected Health Information (PHI)** to carry out **Treatment, Payment, or Health Care Operations (TPO)** and for other purposes permitted or required by law. It also outlines your rights regarding your PHI. Please review it carefully.

We reserve the right to change this notice at any time and to make the revised or changed notice effective in the future. A copy of our current notice will always be posted in the waiting area. You may also obtain your own copy by accessing our website at [www.kidneymd.net](http://www.kidneymd.net), or calling the Privacy Officer at (443) 380-0120.

Some examples of **Protected Health Information** include information about your past, present, or future physical or mental health condition, genetic information, or information about your health care benefits under an insurance plan, each when combined with identifying information such as your name, address, Social Security number, or phone number.

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### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

There are some situations when we do not need your written authorization before using your health information or sharing it with others, including:

#### **1. Treatment**

We may use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. For example, your Protected Health Information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

- a. We may disclose your protected health information to order laboratory tests.
- b. We may disclose your protected health information to other physicians who may be treating you or consulting with us regarding your case.
- c. We may disclose your protected health information to those who may be involved in your care after you leave here, such as family members or your personal representative.
- d. We may disclose your protected health information when we attempt to contact you by voice, text, or other electronic message formats to confirm your scheduled appointment with a medical professional, lab, or imaging center. In order to communicate with you regarding appointments, we may:
  - I. Call your home, office, or cell phone and leave a voice message;
  - II. Send a text message to your cell or mobile device;
  - III. Send you an email notification of an upcoming appointment;

- IV. Send you text or email notifications that a message has been sent to you through a secure patient portal.

Note: There is no charge from the Practice for sending you reminders via text message; message rates may apply from your mobile carrier.

#### Right to Opt-Out of Certain Notifications:

You have the right to request that your cell phone or other mobile device number not be used for the delivery of appointment reminders and other notifications by text message or other electronic communication methods. To “opt-out” of such communications, you can complete the appropriate “opt-out” request form that is available at each Practice office or on the Practice website at [www.kidneymd.net](http://www.kidneymd.net)

## 2. Payment

Your Protected Health Information may be used, as needed, to obtain payment for your health care services after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment.

## 3. Healthcare Operations

We may use or disclose, as needed, your Protected Health Information in order to support the business activities of our practice, for example: quality assessment, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities.

## 4. Appointment Reminders and Health-related Benefits and Services

We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. If we use or disclose your Protected Health Information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

## 5. Friends and Family Involved in Your Care

If you have not voiced an objection, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for your care, including following your death.

## 6. Business Associate

We may disclose your health information to contractors, agents, and other “business associates” who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, a billing company, an accounting firm, or a law firm that provides professional advice to us. Business associates are required by law to abide by the HIPAA regulations.

## 7. Proof of Immunization

We may disclose proof of immunization to a school about a student or prospective student of the school, as required by State or other law. Authorization (which may be oral) may be obtained from a parent, guardian, or other person acting in loco parentis, or by the adult or emancipated minor.

## 8. Incidental Disclosures

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see or overhear discussions of your health information.

## 9. Emergencies or Public Need

We may use or disclose your health information if you need emergency treatment or if we are required by law to treat you. We may use or disclose your Protected Health Information in the following situations without your authorization: as required by law, public health issues, communicable diseases, abuse, neglect or domestic violence, health oversight, lawsuits and disputes, law enforcement, to avert a serious and imminent threat to health or safety, national security and intelligence activities or protective services, military and veterans, inmates and correctional institutions, workers' compensation, coroners, medical examiners and funeral directors, organ and tissue donation, and other required uses and disclosures. We may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws. Under the law, we must also disclose your Protected Health Information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

## 10. Reproductive Health Care Privacy Protections

Under the HIPAA Privacy Rule, as modified by the 2024 Final Rule, we have strengthened privacy protections for reproductive health care. The following provisions apply to any request for protected health information (PHI) related to reproductive health care:

### a. Prohibition on Certain Uses and Disclosures

We **will not** use or disclose your PHI for the purpose of investigating or imposing liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care that is **lawful** under the circumstances in which it was provided. Specifically, the law **prohibits** us from disclosing your PHI for:

- **Criminal, civil, or administrative investigations** into lawful reproductive health care.
- **The identification of any person** for the purpose of imposing criminal, civil, or administrative liability related to lawful reproductive health care.

**b. Presumption of Lawfulness**

We **presume** that any reproductive health care you receive is lawful under the circumstances in which it was provided unless:

- We have **actual knowledge** that it was not lawful, or
- We receive **credible, factual evidence** from the requestor showing that it was not lawful.

**c. Attestation Requirement**

If we receive a request for reproductive health care-related PHI for any of the following purposes, we are **required** to obtain a **signed attestation** from the requestor, confirming that the request is not for a prohibited purpose (i.e., not for investigating or imposing liability on any person for lawful reproductive health care):

- **Health oversight activities** (such as audits or inspections by oversight agencies).
- **Judicial or administrative proceedings** (e.g., subpoenas, court orders).
- **Law enforcement purposes** (e.g., criminal or civil investigations).
- **Disclosures to coroners and medical examiners** (e.g., determining cause of death).

We will **not** disclose reproductive health care-related PHI in these contexts unless and until we receive a **completed, signed attestation** that meets the requirements of the Final Rule.

**d. Disclosures Permitted Under Other HIPAA Provisions**

This prohibition **does not** change or limit our ability to:

- Defend ourselves or others in any investigation or proceeding related to claims of professional misconduct or negligence in providing reproductive health care.
- Cooperate with valid health oversight activities (audits, inspections) when the request is not intended to investigate or impose liability for lawful reproductive health care.
- Comply with disclosures required by law (provided that the disclosure does not violate the prohibition described above).

**e. Your Rights**

- You still have the same HIPAA rights to **access** and obtain a copy of your health records, **request** amendments, and **request** an accounting of disclosures.
- These additional protections do **not** limit your right to authorize disclosures of your PHI if you choose.

If you have any questions about these protections or believe your reproductive health care information may have been used or disclosed improperly, please contact our [Privacy Officer/Compliance Department] at (443) 380-0120. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

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## **REQUIREMENT FOR WRITTEN AUTHORIZATION**

There are certain situations where we must obtain your written authorization before using your health information or sharing it, including:

- a. Most Uses of Psychotherapy Notes, when appropriate.
- b. Marketing:

We may not disclose any of your health information for marketing purposes if our practice will receive direct or indirect financial payment not reasonably related to our practice's cost of making the communication.

- c. Sale of Protected Health Information:

We will not sell your Protected Health Information to third parties.

You may revoke the written authorization at any time, except when we have already relied upon it. To revoke a written authorization, please write to the Privacy Officer at our practice. You may also initiate the transfer of your records to another person by completing a written authorization form.

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## **PATIENT RIGHTS**

### **Right to Inspect and Copy Records**

You have the right to inspect and obtain a copy of your health information, including medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the practice. We may charge a fee for the costs of copying, mailing, or other supplies. If you would like an electronic copy of your health information, we will provide one to you as long as we can readily produce such information in the form requested. In some limited circumstances, we may deny the request.

### **Formats**

"Readily producible" copies of PHI now include copies requested through standards-based APIs using individuals' personal health applications. We are working to ensure that records can be provided in these formats where possible.

### **Right to Amend Records**

If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment in writing. If we deny your request, we will provide a written notice that explains our reasons. You will have the right to have certain information related to your request included in your records.

### **Right to an Accounting of Disclosures**

You have a right to request an "accounting of disclosures" every 12 months, except for disclosures made with the patient's or personal representative's written authorization; for purposes of treatment, payment, healthcare operations; required by law, or six (6) years prior to the date of the request. To obtain a request form for an accounting of disclosures, please write to the Privacy Officer.

### **Right to Receive Notification of a Breach**

You have the right to be notified within sixty (60) days of the discovery of a breach of your unsecured protected health information if there is more than a low probability the information has been compromised.

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**Right to Request Restrictions**

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, run our normal business operations, or disclose information about you to family or friends involved in your care. Your request must state the specific restrictions requested and to whom you want the restriction to apply. Your physician is not required to agree to your request except if you request that the physician not disclose Protected Health Information to your health plan when you have paid in full out of pocket.

**Right to Request Confidential Communications**

You have the right to request that we contact you about your medical matters in a more confidential way, such as calling you at work instead of at home. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.

**Right to Have Someone Act on Your Behalf**

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

**Right to Obtain a Copy of Notices**

If you are receiving this Notice electronically, you have the right to a paper copy of this Notice.

**Right to File a Complaint**

If you believe your privacy rights have been violated by us, you may file a complaint with us by calling the Privacy Officer at (443) 380-0120 or with the Secretary of the Department of Health and Human Services. We will not withhold treatment or take action against you for filing a complaint.

**Use and Disclosures Where Special Protections May Apply**

Some kinds of information, such as alcohol and substance abuse treatment, HIV-related, mental health, psychotherapy, and genetic information, are considered so sensitive that state or federal laws provide special protections for them. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. If you have questions or concerns about the ways these types of information may be used or disclosed, please speak with your health care provider.

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## **CONTACT INFORMATION**

For any questions or concerns about our Notice of Privacy Practices or how your health information is handled, please contact our Privacy Officer:

### **Practice Address:**

405 Frederick Rd, Ste 1  
Catonsville MD 21220

**Phone:** (443) 380-0120

**Email:** privacyofficer@kidneymd.net

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## **Health Insurance Portability and Accountability Act of 1996**

### **NOTICE OF PRIVACY PRACTICES**

By signing the Acknowledgment form, you are only acknowledging that you received, or have been given the opportunity to receive, a copy of our Notice of Privacy Practices.

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