

(continued from inside)

guideline established was intended to ensure fairness for both patient and physician. The fee charged for your medical records will correspond with the copying costs set by the Ohio State Legislature. A copy of the standard for copying medical records will be available upon request. There will also be a charge for postage if you request a mailed copy and if requested, for preparation of a summary of the requested information. You may obtain a Request for Access form from the Privacy Officer. We will respond within thirty days (30) unless an extension is taken. In certain circumstances, you may not be permitted access. Depending on the circumstances, you may request a review of the decision to deny access. If we den your request, you will be given written notice that will explain the basis and your right to appeal.

3. Amendments to Individual Health Information You have the right to request that your health information be amended or corrected. We will respond within sixty-days (60) unless an extension is taken. In certain cases, we may deny your request for amendment and you will be given written notice that will explain the basis and your right to appeal, which will be appended to your health information. You may also submit a statement of disagreement and we may prepare a rebuttal that will be provided to you. All amendment requests must be in writing, signed by you and your legal representative and must state the reasons for the amendment. If we make an amendment, we may notify others, those known to have copies of the un-amended record, if we believe that such notification is necessary. You may obtain a Request for Amendment form from the privacy officer, Dr. Andrew E. Lazar.

4. Accounting for Disclosures of Individual Health Information You have the right to receive an accounting of certain disclosures of your health information made by us after January 1, 2007. Requests must be made in writing and signed by you or your legal representative. Request for Accounting forms are available from the Privacy Officer. The

first accounting in any 12-month period is free. A fee may be imposed to cover administrative cost for each subsequent accounting within the same twelve-month period. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to receive a paper copy of this or any revised Notice of Privacy Practices and/or an electronic copy by e-mail upon request to Cleveland Kidney Disease Associates.

If you have any questions about this Notice of Privacy Practices, please contact CKD Associates.

How to Complain About Our Privacy Practices

If you believe that we may have violated your privacy rights, or you disagree with a decision about access to your PHI, you may file a complaint with CKD Associates at the address listed below. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW, Washington D.C. 20201 or call 1-877-696-6775. There will be no retaliation for filing a complaint.

**Contact:
Cleveland Kidney Disease Associates
Privacy Officer
3619 Park East Drive
Suite 318 South
Beachwood, OH 44122
216-896-0639**

Cleveland Kidney Disease Associates, LLC

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL
INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION**

**PLEASE REVIEW THIS NOTICE CAREFULLY
AND ACKNOWLEDGE RECEIPT**

Cleveland Kidney Disease Associates is required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice so long as it is in place. We reserve the right to change our privacy practices and the terms of this Notice at any time. You may obtain a copy of any revised notices at our facility or by mailing a request to the Privacy Officer. This Notice describes how CKD Associates has extended certain protection to your PHI in regard to how, when and why we may use and disclose your PHI. With certain exception, CKD Associates will use or disclose your PHI in the minimum necessary manner to accomplish the intended purpose of the use or disclosure. CKD Associates will share PHI as it is necessary to provide quality health care and receive reimbursement for those services as permitted by law. The terms of this Notice of Privacy Practices are effective January 1, 2007.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI)

Authorization Cleveland Kidney Disease Associates is committed to maintaining the confidentiality of your health information. You have the right to revoke that authorization in writing except to the extent any action has been taken in reliance on the authorization.

When applicable, we will comply with State and Federal laws that are more stringent than the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996, as they are amended from time to time, regarding our use or disclosure of your PHI.

Treatment, Payment and Health Care Operations Except as otherwise provided, CKD Associates may use and disclose your health information for purposes of treatment, payment and as otherwise necessary and permitted by law, for our health care operations. This may include disclosure to another health care provider who, at the request of your physician, becomes involved in your treatment, for purposes of approval of reimbursement from your health plan, or for audit purposes, we may disclose to our accountant or attorney.

Business Associates It may be necessary for us to provide your health information to certain outside persons or entities that assist us with our health care operations, such as auditing, accreditation, legal services, just to list some examples. These business associates are required to properly safeguard the privacy of your health information.

Appointments and Services We may contact you to provide appointment reminder, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. Communications from this office will be via telephone, facsimile transmission or United States Postal Service. We will leave a message on an identified voice messaging system i.e. voice mailbox or answering machine unless otherwise instructed. If

the voice messaging system is not identified, thereby ensuring the correct party has been reached, the caller (our office) will leave only their name and our business phone number requesting a return call. You have the right to request, and we will accommodate your reasonable requests, to receive communications regarding your health information from us by alternative means or at alternative locations. You may request such confidential communication by sending your written request to the CKD Associates Privacy Officer.

Family and Friends With your approval and using our professional judgment, your health information may be disclosed to designated family, friends and others who are directly involved in your care or in the payment for your care. If you are unavailable, incapacitated, or in an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

Uses and Disclosure Required or Permitted By Law

The following uses and disclosure of PHI may be made without your prior consent or authorization:

1. Any purpose required by law
2. Reporting suspected child/elder abuse or neglect; or if we reasonably believe you may be a victim of abuse, neglect or domestic violence.
3. To avert threat to health or safety
4. For health oversight activities authorized by law, including audits, investigations, or for civil or criminal proceedings.
5. Relating to decedents, we may release health information to coroners and/or funeral directors consistent with law.
6. For public health activities such as required reporting of disease, injury, birth, death, and for required public health investigations.
7. For specific government functions; if you are a member of the military as required by

armed forces services, we may also release your individual health information if necessary for national security or intelligence activities, also to workers' compensation agencies.

Research Sometimes we may use and disclose your PHI for research purposes where, for example, an entity may compare outcomes of patients taking a medicine. If we do not get your specific authorization, your privacy will be protected by strict confidentiality requirements used by an Institutional Review Board that oversees the research or by representations of the researchers that limit their use and disclosure of your information

Marketing We may use your PHI to contact you about health products and services necessary for your care, about new products and services we offer and to give you general health and wellness information.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

1. Restrictions on Use and Disclosure of Individual Health Information You have the right to request that we restrict how we use and disclose your health information. These restrictions must be made in writing and signed by you or your legal representative. CKD Associates is not required to agree to your restrictions. We cannot agree to limit uses/disclosures that are required by law. In the event of a termination of an agreed-to restriction by us, we will notify you of such termination. You may terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the Privacy Officer.

2. Access to Individual Health Information You have the right to inspect and copy your health information. All such requests must be made in writing and signed by you or your legal representative. The Ohio Legislature signed a bill on March 22, 2001 in an effort to affect a more equitable practice in regard to the fees hospitals and physicians could charge for copying medical records. The