

## Notice of Privacy Practices

Columbus Nephrology, Inc  
5775 N Meadows Dr, Ste D  
Grove City, OH 43123

Columbus Nephrology, Inc  
5825 Westbourne Ave,  
Columbus, OH 43213

This Notice explains how your medical information may be used, disclosed, and how you can access it. Please review this information carefully.

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### Your Rights

When it comes to your health information, you have certain rights. Below is a summary of your rights and our responsibilities.

- 1. Get a Copy of Your Medical Records**  
You have the right to request a copy (electronic or paper) of your medical records and other health information we maintain.
  - We will provide a copy or summary of your health information within 30 days of your request. If we need more time (up to 30 additional days), we will inform you in writing.
  - We may charge a reasonable, cost-based fee for this service.
- 2. Request a Correction to Your Medical Records**  
If you believe your medical records are incorrect or incomplete, you can ask us to correct them.
  - We may deny your request, but we will provide a written explanation within 60 days if we do.
- 3. Request Confidential Communications**  
You can ask us to contact you in a specific way (e.g., at home or work) or to send mail to an alternative address.
  - We will accommodate reasonable requests.
- 4. Request Restrictions on How We Use or Share Your Information**  
You may request that we limit how we use or share your health information for treatment, payment, or healthcare operations.
  - We are not required to agree to your request, and we may say no if it would affect your care.
  - If you fully pay for a service out of pocket, you can request that we do not share that information with your health insurer.
- 5. Get a List of Disclosures**  
You have the right to request an accounting of the disclosures we made of your health information over the last six years.
  - This excludes disclosures for treatment, payment, healthcare operations, or those you authorized.
  - One free list per year is available, with a reasonable fee for additional requests within 12 months.

6. **Get a Copy of This Privacy Notice**  
You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.
  7. **Choose Someone to Act for You**  
If you have a medical power of attorney or a legal guardian, that person can exercise your rights and make decisions about your health information.
    - We will verify their authority before taking any action.
  8. **File a Complaint if You Believe Your Rights Were Violated**  
You may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services if you believe your rights have been violated.
    - **Privacy Officer Contact:**  
5825 Westbourne Ave, Columbus, OH 43213  
Tel: 614-224-4200  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)
    - We will not retaliate against you for filing a complaint.
  9. **Exercise Your Rights in Writing**  
We ask you to make requests in writing. We have forms available to help you exercise your rights, which can be requested at our front desk.
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## Your Choices

For certain health information, you can tell us your preferences on how we share it. Please let us know your preferences, and we will follow your instructions.

You can decide to:

- Share information with family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

If you are unable to express your preferences (e.g., unconscious), we may share your information if we believe it is in your best interest or to prevent a serious threat to health or safety.

In these cases, we will only share your information with your written permission:

- For marketing purposes.
- For the sale of your information.
- For most uses of psychotherapy notes.

For fundraising:

We may contact you for fundraising efforts, but you can ask us not to contact you again.

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## Our Uses and Disclosures

We typically use or share your health information in the following ways:

1. **Treat You**  
We may share your health information with other healthcare providers involved in your care.
    - Example: A doctor treating you for an injury may need to ask another doctor about your overall health condition to ensure proper treatment.
  2. **Run Our Organization**  
We use your health information to operate our practice, ensure the quality of care you receive, and to contact you when necessary.
    - Example: We use health information to manage your treatment and services.
  3. **Bill for Your Services**  
We use and share your health information to bill and collect payment from health plans or other entities.
    - Example: We share your health information with your insurance provider to ensure they cover your services.
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## **Other Ways We Can Use or Share Your Information**

We may also share your information for public benefit purposes, but only when certain conditions are met. For more information, visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

- **Public Health and Safety:**  
We can share your information for purposes such as:
  - Preventing disease.
  - Reporting adverse reactions to medications.
  - Reporting suspected abuse or domestic violence.
  - Preventing or reducing a serious threat to health or safety.
- **Research:**  
We can use or share your information for health-related research in compliance with federal and state laws.
- **Comply with the Law:**  
We will share your information when required by state or federal law.
- **Organ and Tissue Donation:**  
We may share your health information with organ procurement organizations.
- **Coroners, Medical Examiners, and Funeral Directors:**  
We can share your health information when an individual dies to assist these professionals.
- **Workers' Compensation, Law Enforcement, and Government Requests:**  
We can share your health information in these scenarios:
  - For workers' compensation claims.
  - For law enforcement purposes or with law enforcement officials.
  - With health oversight agencies for legally authorized activities.
  - For special government functions, such as military, national security, and presidential protective services.
- **Lawsuits and Legal Actions:**  
We can share your health information in response to a court or administrative order, or in response to a subpoena.

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## **Our Responsibilities**

**We are required by law to maintain the privacy and security of your protected health information.**

- **If a breach occurs that may compromise your information, we will notify you without unreasonable delay and no later than 60 days after discovery.**
- **We will follow the privacy practices described in this Notice and provide a copy upon request.**
- **We will not use or share your information for purposes not described in this Notice unless you provide written consent. You can revoke your consent at any time by notifying us in writing.**

**For more information, visit:**

**<https://www.hhs.gov/hipaa/index.html>**

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## **Changes to This Notice**

**We may update the terms of this Notice, and any changes will apply to all the information we have about you. You will be able to request the new Notice in our office or access it on our website.**

**This Notice of Privacy Practices is effective as of 09/27/2024.  
The Notice was last revised on 09/27/2024.**