



Snowy Range Kidney Care

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 IT CAREFULLY

1) Purpose: Snowy Range Kidney Care, and its staff, employees, volunteers and all of its affiliated entities, and related operations; operating as a Single Affiliated Covered Entity (referred to collectively as SRKC), follow the privacy practices described in this Notice. SRKC is required by law to maintain the privacy of your protected health information (PHI) and will maintain your medical information in a confidential manner. However, SRKC must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, SRKC must share your medical information as necessary for treatment, payment and health care operations.

(2) What Are Treatment, Payment, and Health Care Operations? Treatment includes sharing information among health care providers involved in your care. For example, your physician may share information about your condition with a pharmacist to discuss appropriate medications, or with radiologists or consultants in order to make a diagnosis. SRKC may use your medical information as required by your insurer or HMO to obtain payment for your treatment and stay. We also may use and disclose your medical information to improve the quality of care, for example, for review and training purposes.

(3) How Will SRKC Use My Medical Information? Your medical information may be used or disclosed, unless you ask for restrictions on a specific use or disclosure, for the following:

- SRKC Directory, which may include your name, general condition, and your location.
- Religious affiliation, to a chaplain or clergy.
- Family members or close friends who may consent to your treatment or who are involved in the payment for your treatment.
- American Red Cross (or a government disaster relief agency) if you are involved in a disaster relief effort.
- Appointment reminders.
- To inform you of treatment alternatives or benefits/services related to your health that may be of interest to you. (Prior to sending, you will have an opportunity to refuse to receive any information or opt out if SRKC is paid for sending such a communication.)
- Used (or disclosed to a business associate) for fundraising activities, but such information will be limited to your name, address, phone number, and the dates you received services at SRKC. (You will have an opportunity to refuse to receive these communications.)
- As required by law.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required or authorized by law).
- Health oversight activities, *e.g.*, audits, inspections, investigations, and licensure.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- Law enforcement (*e.g.*, in response to a court order or subpoena)
- To coroners and medical examiners.
- Organ and tissue donation.
- Certain research projects approved by an Institutional Review Board.
- To prevent a serious threat to health / safety.
- To military command authorities if you are a

- member of the armed forces.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Inmates. (Medical information about inmates may be released to the correctional institution.)
- Workers' Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
- To carry out treatment, payment, and health care operations functions through business associates, *e.g.*, to install a computer system.
- As required for statistical and funding purposes by the Dialysis councils, ESRD Networks, and the Center for Medicare and Medicaid Services (CMS).
- To report a breach to you or others, such as Health and Human Services (HHS).
- State Health Information Exchanges (HIEs) in which SRKC is required to participate. You may opt-out of the HIE by providing a written request per state guidelines provided by SRKC. You do not have to participate in the HIE to receive care.

Certain types of information may be subject to additional restrictions on disclosure, such as AIDS test results and psychotherapy notes. PHI will be retained as long as necessary to fulfill stated purposes or for the period specified by law or regulation.

(4) Your Authorization Is Required for Other Disclosures. Except as described above, we will not use or disclose your medical information unless you authorize (permit) SRKC in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

(5) You Have Rights Regarding Your Medical Information. You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by SRKC:

- **Right to request restriction.** You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (*e.g.*, you may ask us not to disclose

that you have had a particular surgery). We are not required to agree to your request, unless you are asking to restrict the use and disclosure of your PHI to a health plan pertaining solely to a health care item or service for which you have paid "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

- **Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to inspect and copy your medical information regarding decisions about your care. If such information is maintained in an Electronic Health Record (EHR), your access rights include the right to a copy in an electronic format. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; in some cases you may request review of the denial by another licensed health care professional chosen by SRKC. SRKC will comply with the outcome of the review.
- **Right to request amendment.** If you believe the medical information we have about you is incorrect or incomplete, you may request an amendment on the form provided by SRKC, requiring certain specific information. SRKC is not required to accept the amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your medical information to persons or entities in the past six years. Such list will not include disclosures made per your authorization or for treatment, payment, and health care operations (unless disclosures were through an EHR, in which case an additional accounting may be provided to you in accordance with applicable law). The right to an accounting is subject to other exceptions, restrictions and limitations. After the first request, there may be a charge.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at www.snowyrangekidney.com.
- **Right to Breach Notification.** You have the

right to be notified of any breach of your unsecured healthcare information.

(6) State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional requirements regarding: HIV/AIDS; mental health; genetic tests; alcohol and drug abuse; sexually transmitted diseases and reproductive health information; and child or adult abuse or neglect, including sexual assault. If the state law is more stringent than the federal law, the state law preempts the federal law.

(7) Requirements Regarding This Notice. SRKC is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. SRKC may change this Notice, and these changes will be effective for medical information we have about you as well as any information we receive in the future. Each time you register at SRKC for health care services, you may receive a copy of the Notice in effect at the time.

(8) Complaints. If you believe your privacy rights

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have been violated, you may file a complaint with SRKC or with the Secretary of the United States Department of Health and Human Services. *You will not be penalized or retaliated against in any way for making a complaint.*

**Contact the Snowy Range Kidney Care
Privacy Officer, at
(855)527-0019 if:**

- **you have a complaint, or you have any questions about this Notice; or**
- **you wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or**
- **you wish to obtain a form to exercise your individual rights described in paragraph 5.**

**Complaints regarding violations of
privacy rights can be sent in writing to:**

Snowy Range Kidney Care.
2710 East Harney Street, #200
Laramie, WY 82072
Attn: Privacy Officer

Compliance Hotline: 1-855-527-0019

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