

NOTICE OF PRIVACY PRACTICES

Nephrology and Hypertension Medical Associates, PC

Effective Date: February 16, 2026

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.

OUR COMMITMENT TO YOUR PRIVACY

We are committed to protecting your health information. When you receive care from our practice, we create records about your health, treatment, and services. We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this Notice of Privacy Practices
- Follow the terms of this Notice currently in effect
- Notify you if a breach occurs involving your unsecured PHI

This Notice applies to all records we create or maintain. If we change our privacy practices, we will update this Notice and make the revised version available in our office and upon request.

If you have questions, please contact: Privacy Officer – (912) 354-4813

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your PHI for the following purposes without your written authorization:

1. Treatment

We may use and share your PHI to provide, coordinate, or manage your medical care. Examples include ordering labs, writing prescriptions, consulting with other providers, or sharing information with caregivers involved in your treatment.

2. Payment

We may use and disclose your PHI to bill for services and obtain payment from you, your insurance company, or a third party. Examples include verifying coverage, submitting claims, or providing information needed for prior authorization.

3. Health Care Operations

We may use and disclose your PHI for activities necessary to operate our practice. Examples include quality assessment, staff training, auditing, and business planning.

4. Individuals Involved in Your Care

We may share your PHI with family members, friends, or others involved in your care or payment for your care, when appropriate.

5. Appointment Reminders & Health Information

We may contact you with appointment reminders or information about treatment options or health-related services.

6. As Required by Law

We will disclose PHI when required by federal, state, or local law.

SPECIAL SITUATIONS WHERE WE MAY DISCLOSE YOUR INFORMATION

We may also disclose your PHI in the following circumstances:

- Public health activities
- Health oversight activities
- Lawsuits and legal actions
- Law enforcement purposes
- To prevent a serious threat to health or safety
- Military and national security activities
- To correctional institutions or law enforcement if you are in custody
- Workers' compensation programs

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We must obtain your written authorization before using or disclosing your PHI for:

- Most uses and disclosures of psychotherapy notes (Note: Our office does not create or maintain a hospital directory or psychotherapy notes)
- Marketing (unless an exception applies)
- Sale of PHI
- Most sharing of Substance Use Disorder (SUD) treatment records protected under 42 CFR Part 2

You may revoke your authorization at any time in writing.

SUBSTANCE USE DISORDER (SUD) INFORMATION – 42 CFR PART 2 (Updated)

Some health information relating to substance use disorder treatment is protected under federal law (42 CFR Part 2). With your written consent, this information may be used and disclosed for treatment, payment, and health care operations in accordance with HIPAA and applicable law.

Once disclosed with your consent, this information may be redisclosed as permitted by HIPAA privacy regulations and applicable safeguards.

We will not discriminate against you based on substance use disorder information, including decisions related to treatment, employment, housing, or access to benefits as prohibited by law.

You have the right to receive an accounting of disclosures of your SUD information and to be notified of a breach involving such information consistent with federal breach notification requirements.

You may revoke your consent in writing at any time, except to the extent that action has already been taken in reliance on it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights:

1. Right to Request Confidential Communications

You may request that we contact you in a specific way. Submit requests in writing to: Privacy Officer – (912) 354-4813.

2. Right to Request Restrictions

You may request restrictions on how we use or disclose your PHI. We are not required to agree, except when you request that we not disclose information to your health plan for services paid in full out-of-pocket.

3. Right to Inspect and Obtain Copies

You may inspect or obtain a copy of your medical and billing records. We may charge a reasonable fee for copies.

4. Right to Request an Amendment

If you believe your information is incorrect or incomplete, you may request an amendment in writing.

5. Right to an Accounting of Disclosures

You may request a list of certain disclosures we have made of your PHI for the past six years, excluding those made for treatment, payment, or operations.

6. Right to a Paper Copy of This Notice

You may request a paper copy at any time.

7. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

CONTACT INFORMATION

Privacy Officer
Nephrology and Hypertension Medical Associates, PC
(912) 354-4813