

**DESERT KIDNEY CARE**  
**RODOLFO R. BATARSE, M.D., F.A.S.N.**

**Notice of Privacy Practices**

Effective April 1, 2014

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.

**If you have questions regarding this notice, please contact our office at (760)773-2200.**

This notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

**You will be asked to provide a signed acknowledgment of receipt of this notice.**

Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will no way be conditioned upon your signed acknowledgement. We will continue to provide you your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

**OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION.**

“Protected health information” is individually identifiable health information. This information includes demographics, for examples, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related care services. We are required by law to do the following.

- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in this notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for the health information we already have about you as well as any information we receive in