



AUSTIN KIDNEY ASSOCIATES, P.A.

NOTICE OF PRIVACY PRACTICES

Effective Date: March 1, 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 LEGAL DUTY

Austin Kidney Associates, P.A. is required by federal and Texas law to:

- Maintain the privacy of your protected health information (“PHI”);
- Provide you with this Notice of our legal duties and privacy practices;
- Notify you following a breach of unsecured protected health information without unreasonable delay and in no event later than 60 days after discovery, as required by federal and Texas law; and
- Abide by the terms of the Notice currently in effect.

In addition to federal HIPAA requirements, Texas law provides additional privacy protections for medical information. We comply with both federal and Texas medical privacy laws, including the Texas Medical Privacy Act.

We reserve the right to change our privacy practices and the terms of this Notice at any time. Any revised Notice will apply to all PHI we maintain. The current Notice will be posted in our office and, if we maintain a website, on our website.

You may request a paper copy of this Notice at any time.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

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

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care. For example, we may share information with your primary care physician, dialysis facility, hospital, laboratory, pharmacy, transplant center, or other health care providers involved in your treatment.

Special Protections for Substance Use Disorder Records

The confidentiality of Substance Use Disorder (“SUD”) patient records maintained by Austin Kidney Associates, P.A. is protected by federal law and regulations (42 CFR Part 2 and HIPAA). Generally, we may not disclose that whether or not you are a patient in a substance use program, or disclose any information identifying you as having a substance use disorder, unless:

- **Written Consent:** You consent in writing to the disclosure.
- **Court Order:** The disclosure is allowed by a court order meeting specific legal criteria.
- **Emergency/Research:** The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Federal law prohibits the use of your SUD records in any civil, criminal, administrative, or legislative proceedings against you, unless you provide specific written consent or a court order is issued that meets the requirements of 42 CFR Part 2. Once information from your SUD records is disclosed to a third party (other than another HIPAA-covered provider for treatment, payment, or health care operations), the information may no longer be protected by the same privacy laws and may be subject to further redisclosure by the recipient.

Payment

We may use and disclose your PHI to bill and collect payment for services we provide. This may include submitting claims to Medicare, Medicaid, private insurers, or other third-party payors. For example, we may complete a claim form to obtain payment from your insurer or HMO. The form will contain medical information, such as a description of the medical service provided to you, that your insurer or HMO needs to approve payment to us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

Health Care Operations

We may use and disclose your PHI for health care operations necessary to operate our practice and ensure quality care. These activities include quality assessment, peer review, compliance programs, credentialing, auditing, business management, and staff training. For example, we may engage the services of a professional to aid this practice in its compliance programs. This person will review billing and medical files to ensure we maintain our compliance with regulations and the law.

Except for disclosures made for treatment purposes, we will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose.

Individuals Involved in Your Care

We may disclose relevant PHI to a family member, relative, close personal friend, or other person you identify as involved in your care or payment for your care, unless you object. We may also disclose relevant information to notify a person of your location, general condition, or death, or to assist in disaster relief efforts.

Appointment Reminders and Health-Related Communications

We may contact you by telephone, voicemail, text message, mail, email, or secure patient portal message for appointment reminders, treatment information, care coordination, or other health-related services.

If you request communications through unencrypted email or text messaging, you acknowledge and accept the potential security risks associated with such communications.

Public Health Activities

We may disclose PHI for public health purposes, including reporting disease, injury, vital statistics, adverse drug reactions, product recalls, or exposure to communicable diseases. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

Texas law requires physicians to report suspected child abuse or neglect. We may also report abuse or neglect of elderly or disabled individuals as required or permitted by law.

Health Oversight Activities

We may disclose PHI to government agencies authorized to conduct audits, investigations, inspections, licensure reviews, or other oversight activities.

Legal Proceedings and Law Enforcement

We may disclose PHI in response to a court order, subpoena, warrant, or other lawful process. We may also disclose PHI to law enforcement officials as required or permitted by law.

Serious Threat to Health or Safety

We may disclose PHI if we believe in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety.

Workers' Compensation

We may disclose PHI as required by Texas workers' compensation laws.

Inmates

If you are an inmate or in custody of law enforcement, we may disclose PHI to the correctional institution or law enforcement official as permitted by law.

Military and National Security

We may disclose PHI for specialized governmental functions, including military command authority, national security activities, or protective services for authorized officials.

Research

We may disclose PHI for research purposes when approved by an Institutional Review Board or privacy board in accordance with federal and Texas law.

Organ Donation, Coroners, and Funeral Directors

We may disclose PHI to organ procurement organizations, coroners, medical examiners, or funeral directors as permitted by law.

As Permitted Or Required by Law

We may use or disclose your health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share health information during a corporate restructuring such as an merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice.

You may revoke your authorization in writing at any time, except to the extent we have already relied on it.

The following always require authorization:

- Use or disclosure of psychotherapy notes (if applicable), except as permitted by law.
- Marketing communications that involve financial remuneration from a third party.
- Any disclosure that constitutes a sale of protected health information.

Certain categories of health information, including mental health records, HIV/AIDS-related information, genetic information, and substance use disorder treatment records, may be subject to additional protections under federal or Texas law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights:

Right to Inspect and Copy

You have the right to inspect and obtain a copy of PHI maintained in your designated record set. Requests must be made in writing.

In accordance with Texas law, we will provide copies of your requested records within **15 business days** after receipt of your written request and any applicable fees.

If your records are maintained electronically, you may request an electronic copy. We may charge a reasonable, cost-based fee as permitted by federal and Texas law.

Right to Request an Amendment

You may request in writing that we amend your PHI if you believe it is incorrect or incomplete. We may deny your request under certain circumstances, but you may submit a written statement of disagreement.

Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your PHI made by us in the six (6) years prior to your request, except for disclosures made for treatment, payment, health care operations, and certain other disclosures permitted by law.

Your first accounting request within a 12-month period is free. We may charge a reasonable fee for additional requests within the same 12-month period.

Right to Request Restrictions

You may request restrictions on how your PHI is used or disclosed for treatment, payment, or health care operations. We are not required to agree, except if you pay in full out-of-pocket for a service and request that we not disclose information about that service to your health plan. In that case, we will comply unless disclosure is otherwise required by law.

Requests must be submitted in writing.

Right to Confidential Communications

You may request that we communicate with you by alternative means or at an alternative location. We will accommodate reasonable written requests.

Right to a Paper Copy

You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us using the contact information below. We will not retaliate against you for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, within 180 days of when you knew or should have known of the alleged violation. Complaints may be filed electronically at:

www.hhs.gov/ocr/privacy/hipaa/complaints

You may also file a complaint with the Texas Attorney General's Office or the Texas Medical Board.

CONTACT INFORMATION

Privacy Officer
Austin Kidney Associates, P.A.
408 W 45th Street
Austin, Texas 78751
Phone: (512) 451-5800

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of the Notice of Privacy Practices of Austin Kidney Associates, P.A.

Patient / Parent / Guardian Signature

Date: _____

FOR AUSTIN KIDNEY ASSOCIATES USE ONLY

Inability to Obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the patient's acknowledgement, describe the good faith efforts made to obtain the patient's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of Austin Kidney Associates representative

Date: _____