ALTITUDE KIDNEY HEALTH, PLLC

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

The purpose of this form is to share with you how your medical information may be used.

Consistent with law, the Clinic is authorized to disclose protected health information ("PHI") for treatment, operations and payment. PHI will be obtained, created and stored in compliance with federally and state mandated standards, including regarding symptoms, physical exam, test results, diagnostic evaluations, treatment, and billing. In so doing, information may be shared orally, in writing by mail, fax, email or other methods with standard HIPAA-compliant ("Health Insurance Portability and Accountability Act of 1996") precautions.

The Clinic may disclose information about patients for facilitating direct patient care including at related facilities such as dialysis, review, insurance, education, research, training and education. The clinic may be required by law enforcement to disclose information including for judicial proceedings or public health reasons. At your request, we may not disclose information to insurance about services paid for out-of-pocket unless if required by law.

We participate in the Colorado Health Information Exchange (HIE, or "COHRIO") to enhance your health and health care. We may securely share your health information with other treating providers, particularly via the exchange, to facilitate timely access to information essential for rendering care to you.

We request you written authorization for disclosing any PHI to other entities, something you may also revoke in writing

You have a right to request a copy of your health information, which may incur a small fee for the service. You may also request information about disclosures of your information for reasons other than for continuity of care, payment and/or administrative purposes. The Clinic will respond to such requests within 30 days.

You have a right to file a complaint if you have concerns about your privacy, about your health care, or about other decisions made. You may request this with external services such as at the US Department of Health and Human Services or with the Clinic's compliance officer.

We the Clinic makes a significant change to our policies, we will post such a change and you may also request an updated policy in person or via our website at www.altkidney.com.

Duty to inform: if a breach in security occurs, we will notify you within 60 days of discovery, compliant with law.

If you have questions or concerns, you may contact Altitude Kidney Health and its compliance officer at 1260 S Parker Rd, Ste #202, Denver, CO 80231, or by telephone at 720-500-3439, or by email info@altkidney.com.

I acknowledge that I have read this document, I understand its contents, and I have access to a copy for my records. I am the patient or authorized person to sign this consent.

My signature is my consent to the above terms:

Signature:_____ **Date**:_____
Patient/parent/legal guardian (or authorized person)

Name of patient: _____

If signed by person other than patient, provide:

Name	Relationship to patient	ID/driver's license number:
Witness name:	Witness signature	Date