



3221 Tamiami Trail, Port Charlotte, FL 33952

Phone: (941) 505-8720 Fax: (855) 793-3651

Nephrology Hypertension

Dialysis Renal Transplant

WELCOME

You have an appointment scheduled with:

Dr. Kianoosh Kaveh

Dr. Rohit Pankhaniya

Dr. Nandheesha Hanumanthappa (Dr. Nandeesh)

Your appointment will be at the following office:

North Port Office

Located in the CocoPlum Shopping Plaza
18669 Tamiami Trail
North Port, FL 34287

Englewood Office

Located in the Cardiology Center of Englewood
601 Medical Drive
Englewood, FL 34233

Venice Office

Located in the Southbridge Office Condominiums
1515 S. Tamiami Trail
Venice, FL 34285

Port Charlotte Office

Located on the access road of
US-41
3221 Tamiami Trail
Port Charlotte, FL 33952

PLEASE ARRIVE 15 MINUTES EARLY

Please bring your completed "New Patient Paperwork" with you to your appointment.

In addition, please bring the following items with you to your appointment:

Your current insurance card(s)

Picture ID

ALL OF YOUR CURRENT MEDICATION BOTTLES

Upon checking in for your appointment, you may be provided with a urine specimen cup if the physician you are seeing requests a urine specimen.

Payment is due at the time of service and may be made with a Visa, Mastercard, or Discover credit card, debit card, cash, or check. If you bring your insurance card(s), only your copayment (if applicable) will be collected.

If you have any questions, or need to reschedule, please call our main office at (941) 505-8720.



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HIPAA/ Protected Health Information Release Form

I, _____, give my permission to the staff and physicians at
Patient's Name
Coastal Nephrology Associates to disclose and release my protected health information
to the following person(s):

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

The following information is permitted to be disclosed:
(Please choose one)

My complete health record (including, but not limited to: diagnoses, lab test results, prognosis, treatment, and billing information)

OR

My complete health record, as listed above, with the exception of the following information: (Check all that apply)

- Mental Health Records
- Communicable Diseases (including HIV/AIDS)
- Alcohol/drug abuse treatment
- Other _____

This health information may be used to enable the person(s) I authorize to know and understand my condition and my treatment options, for treatment consultation, for claims payment purposes, or for other related purposes.

This authorization shall remain effective until:

All past, present, and future periods, unless revoked by myself.

OR

Until _____, unless revoked prior to this date.

Date of Expiration

(NOTE: You may revoke this authorization at any time by giving written notice to your health care provider)

Patient's Name

Signature

Date



NOTICE OF PRIVACY PRACTICES

Coastal Nephrology Associates, located at 3221 Tamiami Trail, Port Charlotte, FL 33952, phone: 941-505-8720, fax: 1-855-793-3651, is required to provide you with this Privacy Notice. The source of the information is the Department of Health and Human Services. If you have any questions, please call the office and ask for the Office Manager.

You have the right to:

Obtain a copy of your paper or electronic medical record

- You may ask to review or receive an electronic or paper copy of your medical record and other health information we have on file. Ask us how to do this.
- We will provide a copy, or a summary, of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why, in writing, within 60 days.

Request confidential communications

- You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what protected health information we use or share

- You may ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care service out-of-pocket, in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Obtain a list of those with whom we've shared your protected health information

- You may ask for a list (accounting) of the times we've shared your health information, for six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year without charge. For any subsequent requests made within 12 months of the first, we will charge a reasonable, cost-based fee.

Obtain a copy of this privacy notice

- You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.



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Choose someone to act for you

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make choices about your health information on your behalf.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You may contact us to file a complaint if you feel that we have violated your rights.
- You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, O.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/prlvacv/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory (Coastal Nephrology will not do this)
- Market our services and sell your information (Coastal Nephrology will not do this)

In the following cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising: (Coastal Nephrology will not do this)

- We may contact you for fundraising efforts, but you may tell us not to contact you **again**. For certain health information, you may tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow.

We may use and share your information as we:

- Treat you. We can use your health information and share it with other professionals who are treating you.
- Run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities.



Other ways we can use or share your health information involve public and safety issues such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- We may use or share your information for health research.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, to prove that we are complying with federal privacy law.
- We may share health information about you with organ and tissue procurement
- We may share health information with a coroner, medical examiner, or funeral director when an individual dies.
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services. In response to lawsuits and legal actions
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/indeK.htm

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Effective Date 10/17/16