



Alliance Management, LLC
End Stage Renal Disease
Consulting Company

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NOTICE OF PRIVACY PRACTICE

Your Information.

Your Rights.

Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please read it carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. We do not maintain any copy of your medical record. We may view it for assisting the covered entity operationally, but we do not collect your medical information.
2. If you would like your medical record information corrected, you should request that from your medical provider.
3. All medical information that we view is kept confidential, as stated in our Business Associate Agreement.
4. 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.
5. You can complain if you feel we have violated your rights by contacting us using the information list on the top of this page.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S. W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.



Our Uses and Disclosures

How do we typically use or share your health information? We do not collect or share your health information. We must meet many conditions in the law before we can view or share your information. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

1. We will view information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
2. We will view health information about you in response to a court or administrative order, or in response to a subpoena on behalf of your healthcare provider.

Our Responsibilities

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and your healthcare provider will give you a copy of their Privacy Notice.
4. We will not use or share your information other than as described here in this Privacy Notice. Let us know in writing if you change your mind.

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

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information. The new notice will be available upon request, in our office, and on our website.

Effective Date: January 2017