



# JACKSONVILLE NEPHROLOGY

Kidney Diseases and Hypertension

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Nephrologist, Board Certified

*"Empowering Through Education"*

**PLEASE READ these details about the Jacksonville Nephrology HIE and your consent:**

- 1. How your health information will be used:** Your health information will be used by your Provider to: provide you with medical treatment and related services, coordinate your medical care with other healthcare providers, and improve the quality of medical care you receive.
- 2. What types of information about you are included:** Your health information may include a history of illnesses or injuries (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medications you have taken. This includes information created before and after the date of this consent form. Sensitive health conditions may also be included, such as: alcohol or drug use problems, birth control, abortion, family planning, genetic (inherited) diseases or tests, HIV/AIDS, mental health conditions, and sexually transmitted diseases.
- 3. Where health information about you comes from:** Health information about you comes from places that have provided you with medical care. These include: hospitals, physicians, pharmacies, laboratories, the Medicaid program, nursing care services, emergency medical services, and other health organizations that provide information to the HIEs.
- 4. Who may access information about you, if you give Consent:** Only authorized personnel that work for the Provider may access information about you through the HIEs. These include, but are not limited to: doctors and other medical and non-medical staff directly involved in your medical care and/or doctors and other medical and non-medical staff on call or covering for your doctor and directly involved in your medical care.
- 5. Penalties for improper use or access of your health information:** There are penalties for wrongful access to or use of your health information through the HIEs. If at any time you suspect that someone who should not have seen or gotten access to your health information has done so, contact Jacksonville Nephrology at (904)-260-9898 immediately.
- 6. Re-disclosure of information:** Health information about you may be re-disclosed by the Provider to others only to the extent permitted by state and federal laws and regulations. The healthcare providers who access this information through the HIEs must comply with these regulations.
- 7. Effective period:** This consent form will remain in effect until you notify our office to discontinue your enrollment in the HIEs.
- 8. Withdrawing your consent:** You may withdraw your consent at any time by signing a new copy of this consent form. Providers that have accessed your health information through these HIEs while your consent was in effect may copy or include your health information in their own medical records. If you decide to withdraw your consent, those providers are not required to return or remove your health information from their records.
- 9. Copy of Consent Form:** You are entitled to get a copy of this consent form after you sign it.

**Jacksonville Nephrology PA is currently a member of the following Health Information Exchanges:**

- First Healthcare Interoperability Resources (FHIR)**  **Care quality**  **Commonwell**