



Notice of Health Information Practices

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.

To effectively treat you, Dialysis Clinic, Inc. (DCI) must collect health information about you and furnish it to other people. Your health information is private and confidential. We have policies and procedures to protect your health information. This notice describes what types of information we collect. It also explains when and to whom we may give your health information, and provides you with other important information. This notice is not a contract which forms the basis of any private right of action.

YOUR HEALTH INFORMATION RIGHTS

Your health record belongs to DCI, but you have the right to request in writing:

- to limit certain uses and disclosures of your health information
- to obtain a copy of this “*Notice of Health Information Practices*”
- to review and obtain a copy of your health records (DCI has 30 days to respond to your request)
- to change your health record if you believe it is incomplete or incorrect (DCI has 60 days to respond to your request)
- to obtain a list of when your health record has been given to others (DCI has 90 days to respond to your request)
- to receive your health information from the clinic in a different way than the clinic would normally furnish it

In order to exercise any of these rights, contact your clinic’s Privacy Officer.

DCI RESPONSIBILITIES

By law, DCI is required to:

- keep your health information private
- give you this “*Notice of Health Information Practices*”
- abide by the Notice currently in effect
- only use or disclose your health information with your written consent, except as described in this notice.

We reserve the right to change our health information practices. If our practices change, we will make available a copy of the changes.

TYPES OF USES AND DISCLOSURES OF YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

DCI will use or disclose your health information without further permission from you for treatment, payment, and operations purposes. The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed.

We will use and share your health information for **TREATMENT PURPOSES**

with any other clinic or health care provider that needs the information for purposes of treating you.

We will use and share your health information for **PAYMENT PURPOSES**:

1. for DCI activities directly related to being paid for its health care services, (for example, we would file a claim with an insurance company who would in turn pay us for your treatments),
2. for DCI's own payment purposes or to another clinic or health care provider for its payment purposes,
3. but, we will never share health care information with a non-health care provider for payment activities, (for example, we would never share information with one of your creditors).

We will use share your health information for health care **OPERATIONS PURPOSES** in order to:

1. assess and improve the quality of care of DCI patients
2. review the qualifications and competence of any health care professionals such as doctors who might care for you
3. train students, other health care professionals or non-health care professionals, to learn and improve their skills in dialysis
4. receive accreditation, certification and licensing
5. credential DCI and non-DCI staff
6. conduct or arrange for medical review, legal services, and auditing functions, including DCI's compliance program
7. engage in business management, administration, planning, and development
8. resolve internal grievances
9. use your health information in a manner that does not identify you

10. complete a sale, transfer, or consolidation of clinic assets with another provider

TYPES OF ADDITIONAL USES OF YOUR HEALTH INFORMATION

In these additional situations, DCI may also release your health information without your permission:

Business Associates: DCI provides some services through contracts with business associates, such as medical directors, accountants, and computer consultants. We may disclose your health information to our business associates so they can perform their jobs. By contract, we require our business associates to safeguard your health information.

Notification of Your Location and General Condition: In an emergency, or if you are absent or incompetent, we may need to notify a family member, personal representative or another person responsible for your care of your location and general condition.

Communication with Family: In an emergency, or if you are absent or incompetent, we may discuss your general condition/location and/or payment issues with a family member, other relative, close personal friend, or any other person you identify.

Research: We provide information to persons or organizations conducting research if an Institutional Review Board (IRB) has approved their study. The IRB reviews the research study and makes rules to ensure the privacy of your health information.

Funeral Directors, Coroners, and Medical Examiners: We may provide health information to funeral directors, coroners, and medical examiners for them to carry out their duties.

Organ Procurement Organizations , Tissue and Eye Banks: We may furnish health information to agencies engaged in the procurement, processing, distribution, or transplantation of organs for the purpose of donation and transplant.

Appointment Reminders: We may contact you to provide appointment reminders.

Food and Drug Administration (FDA): We may provide your health information to the FDA to report adverse events regarding food supplements and/or product defects. Your health information may also be provided to report product recalls, repairs, or replacements.

Workers' Compensation: We may provide health information as authorized by laws relating to workers' compensation or other similar programs.

Public Health: As required by law, we may furnish your health information to public health or legal authorities charged with preventing or controlling neglect, abuse, disease, injury, disability, or death.

Correctional Institution: If you are an inmate of a correctional institution, we may provide your health information to the institution or its agents.

Law Enforcement: We may furnish health information for law enforcement purposes:

- as required by law or in response to a valid subpoena or administrative request

- for identification and location purposes
- if you are suspected to be a victim of a crime
- in the event of suspected criminal conduct on our premises

Health Oversight Activities: We may provide your health information to organizations that ensure we follow health care laws and regulations.

Judicial and Administrative Proceedings: We may furnish health information in response to a court order or other legal process.

As required by law: We will disclose medical information about you when required to do so by federal, state, or local law.

OTHER USES OF YOUR HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may later revoke that authorization in writing. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable, however, to take back any disclosures we already have made with your permission. Also we are required to retain our records of the care that we provided to you.

TO REPORT A PRIVACY RIGHT VIOLATION

If you believe your privacy rights have been violated, you may file a complaint with your clinic's Privacy Officer or with the Secretary of Health and Human Services. DCI will not retaliate against you for filing a complaint. Complaints must be filed with the Secretary of Health and Human Services as provided by 45 CFR 160.306b.

If you have any questions about this notice, would like more information, or would like to exercise your rights, please contact your clinic's Privacy Officer. Your clinic's Privacy Officer may be reached as follows:

To: Privacy Officer

Address: _____

Phone: _____

Fax: _____

I have read (or had read to me) the information in this "*Notice of Health Information Practices*". I have had the opportunity to ask, and have answered, my questions regarding the use of my health information. I understand that this Notice is provided to comply with federal law. It does not create any additional rights or remedies or a private cause of action.

Patient Name (Printed)

Witness Name

Guardian Name, if applicable (Printed)

Witness Title

Patient/Guardian Signature

Witness Signature

Date

Date