

## *Notice of Health Information Practices*

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

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

*We reserve the right to change our health information practices; in this case we will make available a copy of the changes.*

### **YOUR HEALTH INFORMATION RIGHTS:**

Your health record belongs to DCI, but you have the right to the following:

- Limit certain uses/disclosures of your health information
- Obtain a copy of “*Notice of Health Information Practices*”
- Review and obtain a copy of your health records (DCI has 30 days to respond to this request)
- Obtain a list of when your record has been given to others (DCI has 90 days to respond to this)
- Request to restrict any uses or disclosures of information that is solely related to a health care item or service that has been paid in full, out-of-pocket, by you.
- To opt out of fundraising communications
- Receive notice in the event of a breach of unsecured PHI
- To request and receive electronic PHI

### **DCI RESPONSIBILITIES**

By law, DCI is required to:

- Keep your health information private
- Give you this “*Notice of Health Information Practices*” and abide by it
- Only use or disclose your health information with your written consent, except as described herein.

### **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 describes examples of different ways that we will use and disclose this.

#### *Treatment Purposes*

- For use with any other clinic or health care provider that needs information in order to treat you

#### *Payment Purposes*

- Directly related to DCI being paid for its health care services. (i.e. filing an insurance claim for payment for treatments provided)
- For DCI’s own payment purposes or to another clinic/health care provider for its payment purposes
- Information will never be shared with a non-health care provider for payment purposes (i.e. a creditor)

#### *Operations Purposes*

- Assess and improve quality of care of DCI patients
- Review qualifications of any health care professional who may care for you
- Train students, other health care professionals, or non-health care professionals, to improve their skills in dialysis
- Receive accreditation, certification and licensing
- Credential DCI and non-DCI staff

#### *Operations Purposes, Cont’d.*

- Conduct medical review, legal services, auditing functions, or DCI’s compliance program
- Business management, administration, planning, and development
- Resolve internal grievances
- Use your health information in a way that does not identify you
- Complete a sale, transfer, or consolidation of clinic assets with another provider

## **TYPES OF ADDITIONAL USES OF YOUR HEALTH INFORMATION**

Provided are examples of addition situations DCI may release your health information without your permission:

- **Business Associates**: Services provided through contracts with business associates, such as: medical directors, accountants, and computer consultants. Information may be disclosed so they are able to 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 this information.
- **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, 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 these people so that they are able 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.
- **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. It may also be used to report product recalls, repairs, or replacements.
- **Worker's Compensation**: Information may be provided as authorized by laws relating to worker's compensation or other similar programs.
- **Public Health**: As required by law, we may provide 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**: Health information may be provided for these 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**: May be provided to organizations that ensure we follow health care laws and regulations.
- **Judicial and Administrative Proceedings**: May be furnished to a court order or other legal process.
- **As required by law**: 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 authorizations; including, but not limited to:

- Most uses and disclosures for marketing purposes, including subsidized treatment communications
- Most disclosures of PHI that constitute the sale of PHI
- Other uses and disclosures not described in the NPP

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 and disclosures we already have made with your permission. Also we are required to retain our records of the care that we provided to you.

## **HOW 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. Per 45 CFR 160.306b, complaints must be filed with the Secretary of Health and Human Services.