



Dialysis Clinic, Inc.

A Not-For-Profit Corporation

Notice of Privacy Practices

To effectively treat you, Dialysis Clinic, Inc. (DCI) must collect health information about you and disclose it to other people. This notice describes how your medical information may be used or disclosed and how you can get access to this information. Please review it carefully.

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and on our website and include the effective date.

Your health information rights:

When it comes to your health information, you have certain rights. You have the right to:

- Limit certain uses/disclosures of your health information.
- Ask to correct your medical record. We may deny your request but we'll tell you why in writing within 60 days.
- Request an electronic or paper copy of your medical and billing information. We will usually respond within 30 days and we may charge a reasonable fee.
- Request confidential communication by alternative means or by alternative location.
- Ask for a list of when your information was shared except for about treatment, payment, and operations or those where you gave us permission to release.
- Receive a paper copy of this notice.
- File a complaint if you feel your rights have been violated by contacting the U.S. Department of Health and Human Services Office for Civil Rights. The address is provided at the bottom of this notice.
- 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.
- Receive written notice in the event of a breach of your health information.
- Choose someone to act for you; a medical power of attorney or a legal guardian. That person can exercise your rights and make choices about your health information.

Your choices:

You have the right and choice to tell us to:	<ul style="list-style-type: none"> • Share information with your family, close friends, or other involved in your care. • Share information in a disaster relief situation.
In these situations, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> • Marketing purposes. • Sale of your information. • Most sharing of psychotherapy notes.
In the case of fundraising:	<ul style="list-style-type: none"> • We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our responsibilities

By law, we are required to:

- Keep your health information private and secure.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this notice.
- Provide a copy of this notice upon your request.
- Only use or disclose your health information with your written permission, except as described in this notice.

Our uses and disclosures of your health information

DCI will use or disclose your health information without further permission from you for treatment, payment, and operations purposes. We typically use or share your health information in the following ways:

To treat you

We can use your health information and share it with other professionals who are treating you.

To bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

To run our organization

We can use and share your health information to run our business, improve your care, and contact you when necessary.

Other uses of your health information

Help with public health and safety issues	<ul style="list-style-type: none">• We can share health information about you for certain situations 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
In an emergency	<ul style="list-style-type: none">• In an emergency, or if you are absent or incompetent, we may notify a family member, personal representative, or another person responsible for your care.• 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, friend, or any other person identified by you or using our professional judgement.
Do research	<ul style="list-style-type: none">• We can use or share your information for health research
Comply with the law	<ul style="list-style-type: none">• We will share 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.
Respond to organ and tissue donation requests	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> • We can use or share health information about you: • 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
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Health Information Exchange (HIE):	<ul style="list-style-type: none"> • We participate in an electronic health information exchange or HIE with other physicians, hospitals, and health care providers. The HIE is a way for patient health information to be shared with each other for the purpose of treating patients and for certain other administrative uses permitted by law.

How to report a privacy right violation

If you believe your privacy rights have been violated, you may file a complaint with your clinic 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.

- File a complaint with DCI
 - Locally at your clinic
 - By phone: 1-833-602-2199
 - By email: patient.experience@dciinc.org
- File a complaint with the U.S. Department of Health and Human Services Office for Civil Rights
 - By letter: 200 Independence Avenue, S.W., Washington, DC 20201
 - By phone: 1-877-696-6775
 - By visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/.



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I have received a copy of the Notice of Privacy Practices. 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)

Guardian Name, if applicable (printed)

Patient/Guardian Signature

Date