

Hope Kidney Clinic

Notice of Privacy 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.**

Who Will Follow This Notice

The following people or groups will comply with this Notice:

- Any health care provider who is authorized to enter information into your Practice medical chart.
- All employees, staff, workforce members and other Practice personnel.

Our Pledge to You

We understand that information about you and your health is personal, and we are committed to protecting the privacy of your protected health information (PHI), as that term is defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As a patient of the Practice, the care and treatment you receive is recorded in a healthcare record. We need this record to provide you with quality care and to comply with various legal requirements. This Notice applies to the records of your care provided at a Practice facility or by Practice personnel.

We are required by law to:

- Keep medical information about you private;
- Give you this Notice of our legal duties and privacy practices with respect to your PHI;
- Notify you if you are affected by a breach of unsecured PHI; and
- Follow the terms of the Notice that is currently in effect.

How We May Use and Disclose Your PHI

1. **Treatment.** We may use or disclose your PHI to provide you with medical treatment or services. For example, we may send your PHI to your doctor or to a specialist as part of a referral.
2. **Payment.** We may use or disclose your PHI to obtain payment for our services. For example, a bill containing your PHI may be sent to your health plan or Medicare.
3. **Health Care Operations.** We may use or disclose your PHI for our health care operations. For example, we may use your PHI to assess the care and outcomes in your case or to, as a whole, improve the quality and effectiveness of the health care we provide.
3. **To Business Associates.** We may disclose your PHI to "business associates" who provide services to or on behalf of the Practice.
4. **Appointment Reminders and Treatment Alternatives.** We may contact you to provide appointment reminders or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

5. **Communication with Individuals Involved in Your Care.** Unless you tell us otherwise, we may share your PHI with friends, family members or others you have identified or who are involved in your care. We may share your PHI with disaster relief organizations so that your family, friends or others you have identified can be notified of your location and condition in case of disaster or other emergency.
6. **Research.** Under certain circumstances, we may use and disclose your PHI for research purposes, such as studying the effectiveness of a treatment you received. Under certain circumstances, we may share your PHI for research purposes without your written permission. All research projects, however, are subject to a special approval process. Most research projects will require your specific permission if a researcher will have access to information that identifies you.
7. **Workers' Compensation.** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness.
8. **Public Health.** We may disclose your PHI for public health activities. For example, we are required by law to report births, deaths, cases of abuse or neglect and certain diseases to the state. We may also report problems with medicines to the manufacturer and to the FDA. We may tell you about recalls of products you are using.
9. **Health Oversight Activities.** We may share your PHI with a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and government programs.
10. **Public Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
11. **Organ and Tissue Donation.** We may release your PHI to organizations that handle organ, eye or tissue donation or transplantation.
12. **Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or to determine the cause of death. We may also release your PHI to a funeral director, as necessary, to carry out his/her duties.
14. **Specialized Government Functions.** If you are a member of the armed forces, we may share your PHI with the military for military command purposes. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
15. **Correctional Institution.** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof PHI necessary for your health and the health and safety of other individuals.
16. **Lawsuits and Disputes.** We may disclose your PHI in response to a court or administrative order, a subpoena, a warrant, a discovery request or other lawful due process.
17. **Law Enforcement.** We may disclose your PHI for law enforcement purposes as authorized or required by law or other lawful due process. For example, we may be required by law to report certain types of wounds or other physical injuries.

- 18. Required by Law.** We will disclose your PHI where required by law. For example, federal law may require your PHI to be released to an appropriate health oversight agency, public health authority or attorney.

Other Uses and Disclosures of Your PHI

We may use or disclose your PHI as described above without your authorization. Other uses and disclosures of PHI not described in this Notice will be made only with your authorization. For example, we will obtain your written authorization for: (i) most uses and disclosures of psychotherapy notes; (ii) most uses and disclosures of PHI for marketing purposes, as defined by HIPAA; and (iii) disclosures that constitute a sale of PHI, as defined by HIPAA. If you give us authorization to use or disclose your PHI, then you may revoke that authorization, in writing, at any time. Your revocation will be effective upon receipt, but will not be effective to the extent that the Practice or others have acted in reliance upon the authorization.

Your Rights Regarding Your PHI

NOTE: *All requests must be made in writing to the facility manager where you receive treatment or to the FMCNA Privacy Officer at the address below.*

You have the following rights:

- **Right to Request Restrictions.** You have the right to request restrictions on certain uses or disclosures of your PHI. Requests for restrictions must be in writing, as specified above. You must advise the Practice: (1) what information you want to limit; (2) whether you want to limit the Practice's internal use, disclosure to third parties, or both; and (3) to whom you want the limit(s) to apply.

We are not required to agree to your request, except when you request that we restrict disclosure of your PHI to a health plan for a health care item or service for which you have paid out-of-pocket in full and the disclosure is for the purpose of carrying out payment or health care operations, and not otherwise required by law.

- **Right to Request Confidential Communications.** You have the right to ask us to communicate with you about your PHI in a certain way or at a certain location. For example, you may request that we contact you only at work or by mail. Your request must be made in writing, as specified above. Your request must specify how or where you wish to be contacted, but you do not need to tell us the reason for the confidential communication. We will use our best efforts to accommodate all reasonable requests.
- **Right to Inspect and Obtain a Copy.** You may request to inspect and/or obtain copies of your PHI. Your request must be made in writing, as specified above. We have a form that you may use to make the request. If you request copies, we may charge you a reasonable fee.

We will inform you if we cannot fulfill your request, and you can ask us to reconsider the denial by contacting the FMCNA Privacy Officer at the address below.

- **Right to Amend.** If you believe that any PHI in your records is incorrect or incomplete, you may submit a written request (as specified above) to correct the information in your records. We have a form that you may use to make the request. We may deny your request if you ask us to amend PHI that is: (1) accurate and complete; (2) not created by the Practice; (3) not part of the PHI kept by or for the Practice; or (4) not PHI that you would be permitted to inspect and copy. If we

deny your request, you can ask us, in writing, to review that denial.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures,” which is a list of disclosures of your PHI that we have made to outside parties, except for disclosure related to those: (1) necessary to carry out treatment, payment, and healthcare operations; (2) made before April 14, 2003; (3) made to you; (4) you authorized; and (5) certain other disclosures.

Your request for an accounting of disclosures must be in writing, as specified above, and must state a time period that may not be longer than six years prior to the date the accounting is requested. You may obtain one accounting of disclosures in any 12-month period for free; we may charge a reasonable fee for additional accountings of disclosures.

- **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice upon request. You may make your request to the facility manager where you receive treatment or to the FMCNA Privacy Officer at the address below.

Changes to our Privacy Practices

We reserve the right to change our privacy practices and update this Notice accordingly. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any PHI we receive in the future. We will post our current Notice at each facility where we provide direct treatment to our patients and on our Web site at: <http://www.hopekidney.com/>; it will contain the effective date of the Notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the FMCNA Privacy Officer at the address below, by calling 1-800-662-1237 ext. 1019099 or by e-mailing Privacy@fmc-na.com.

If you believe that your privacy rights have been violated, you may file a complaint, in writing, with FMCNA. Written complaints should be returned to the facility manager where you receive treatment or may be sent directly to:

Fresenius Medical Care North America
Attn: FMCNA Privacy officer
920 Winter Street
Waltham, MA 02451-1457

You may also file a complaint with the Office of Civil Rights for the United States Department of Health and Human Services or contact the Office for Civil Rights hotline at 1-800-368-1019. There will be no retaliation for filing a complaint.

| DOCUMENT NUMBER | DOCUMENT REVISION # | DOCUMENT REVISION DATE | EFFECTIVE DATE |
|--|---------------------|------------------------|----------------|
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