



DSI Renal, Inc.

HIPAA 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.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE DIRECTOR OF COMPLIANCE (contact information at the end of this Notice).

Protected Health Information (PHI) is information that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future. This Notice describes how we may use and disclose your PHI. It also describes your rights to access and control of your PHI.

We are required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices concerning your PHI.

We are required to abide by the terms of our Notice currently in effect. We reserve the right to change the terms of this Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time, including PHI we created or received before we made the changes. If a significant change is made in our privacy practices, we will change this Notice and make the revised Notice available upon request.

PERMITTED USES AND DISCLOSURES

The following categories describe different ways that we use and disclose PHI.

Treatment, Payment and Health Care Operations

We may use and disclose your PHI for the purposes of treatment, payment and healthcare operations as necessary, without your consent or authorization. Examples of the uses and disclosures that we, as a healthcare provider, may make under each section are listed below:

- **Treatment.** We may use and disclose your PHI as necessary to provide you with treatment and services and to coordinate your care. We may receive information from or disclose information to your physician or hospital staff to assist with appropriate treatment. Information may be collected from a hospital or extended care facility in order

to plan for appropriate care upon your discharge from the facility. We may provide information to town or municipal social workers to help locate appropriate services.

- **Payment.** We may use and disclose your PHI as necessary to obtain payment for services you receive. For example, we may confirm your eligibility for Medicare or Medicaid and provide the Department of Social Services, insurance companies or others with information needed to obtain payment for equipment and services.
- **Health Care Operations.** We may use and disclose your PHI as necessary for our internal business activities such as quality assurance, education and training, employee performance review and other administrative activities.

Other Uses and Disclosures Allowed Without Authorization

Federal law also allows us to use and disclose your PHI, without your consent or authorization, in the following ways:

- **Persons Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your PHI to a family member, friend, money manager or other person involved in your care. We will use our professional judgment to disclose only information relevant to the person's involvement in your care or in arranging payment for care.
- **Personal Representative Designated by You.** We may disclose your PHI to a person designated by you to receive PHI or a personal representative designated by law such as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual.
- **Directory:** Unless you object, we may use and disclose limited information about you by telephone when someone calls and asks for you by name. This information may include your name, the name of your care manager, your town, and a confirmation that you are our client.
- **Appointments:** We may use or disclose your PHI to make or confirm an appointment.
- **Health Related Services and Benefits:** We may use or disclose your PHI to inform you about health related benefits and services that we believe may be of interest to you.
- **Public Health Activities:** We may disclose your PHI for public health activities, such as to help prevent or control disease, injury or disability, to report problems with medications or products or to advise of recalls of products.
- **Reporting Victims of Abuse, Neglect, Domestic Violence or Exploitation:** We must use and disclose your PHI to notify a protective services agency or government authority as required by law if we reasonably believe that you have been a victim of abuse, neglect, domestic violence or exploitation.
- **To Avert a Serious Threat to Health or Safety:** When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose your PHI to someone able to help lessen or prevent the threatened harm.
- **Secretary of Health and Human Services:** To the Secretary of Health and Human Services (HHS) or any employee of HHS as part of an investigation to determine our compliance with the HIPAA Privacy Rules.
- **Business Associates:** We may disclose your PHI to our "business associates" who provide contracted services. If we disclose your PHI to a business associate, we will do so subject to a contract that requires that the information be kept confidential.

- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. For example, state or federal agencies conduct audits and inspections to assure that we, and our business associates, comply with all laws and regulations.
- **Judicial and Administrative Proceedings:** We may disclose your PHI in response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding that meets the requirements of the federal privacy regulations.
- **Law Enforcement:** We may disclose your PHI as required for certain law enforcement purposes. For example, we may disclose your PHI to notify authorities of a criminal act or to report emergencies or suspicious deaths or to identify or locate a suspect or missing person.
- **As Required by Law.** We may disclose your PHI when required by law to do so, including complying with Workers' Compensation or other similar programs established by law.
- **Coroners, Funeral Directors and Others:** We may release your PHI upon your death to a coroner, medical examiner or funeral director.
- **National Security:** We may disclose your PHI to authorized federal officials as required for lawful intelligence, counterintelligence and other national security activities.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which your PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

OTHER USES AND DISCLOSURES

Other uses and disclosures of your PHI will only be made upon receiving your written authorization (Authorization). You may revoke an Authorization at any time by providing written notice to us that you wish to revoke an Authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your PHI in good faith with the Authorization.

YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit our uses and disclosures of your PHI in relation to treatment, payment and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request that we restrict the use or disclosure of your PHI to family members or personal representatives. Any such request must be made in writing to the Director of Compliance listed in this Notice and must state the specific restriction requested and to whom that restriction would apply.

We are not required to agree to a restriction that you request. However, if we do agree to the requested restriction, we may not violate that restriction except as necessary to allow the provision of an emergency.

Right to Receive Confidential Communications

You have the right to request that communications involving your PHI be provided to you at an alternative location or by an alternative phone number or other means of communication.

We will accommodate any reasonable request. Any such request must be made in writing to the Director of Compliance listed in this Notice.

Right to Access to Your Protected Health Information

You have the right to inspect and copy your PHI for as long as we maintain your PHI. You must submit your request in writing to the Director of Compliance listed in this Notice. We will notify you of any costs involved for copying, mailing or other services associated with your request and you may choose to modify or withdraw your request before any costs are incurred. We may deny your request to inspect or receive copies in certain limited circumstances, such as information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding. If your request for access is denied, you may have a right to have that decision reviewed.

Right to Amend Protected Health Information

If you feel that the PHI we have about you is incorrect or incomplete, you may request that we amend your PHI. Your request must be in writing and must state the reason you are seeking an amendment or we may deny it. We may also deny your request in other circumstances. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI. We have a right to include a rebuttal to your statement, a copy of which will be provided to you. Requests for amendment of your PHI should be made to the Director of Compliance listed in this Notice.

Right to Receive an Accounting of Disclosures

Beginning on April 14, 2003 and going forward, we will keep a list of persons or agencies we give your PHI to if you did not ask us to share it, or if we shared it for reasons other than treatment, payment or healthcare operations and national security or to law enforcement personnel. You have the right to receive a copy of this list. Your right to get a copy of this list applies only to PHI created by us after April 14, 2003 and cannot exceed a period of six years prior to the date of your request. Requests for a list of disclosures of your PHI should be made in writing to the Director of Compliance listed in this Notice.

Right to Receive a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice upon request, even if you have previously agreed to receive an electronic copy. Requests for a paper copy of this Notice should be directed to the Director of Compliance listed in this Notice.

QUESTIONS AND COMPLAINTS

If you have questions about our privacy practices or about your privacy rights under this Notice, please contact your care manager or our Director of Compliance. If you are concerned that we may have violated your privacy rights, you may call us or file a complaint in writing with us. **DSI Renal, Inc. will not retaliate in any way if you file a complaint.** Please send any written requests or complaints to the following address:

Chief Compliance Officer
DSI Renal, Inc.
511 Union St.; Suite 1555
Nashville, Tennessee 37219
Telephone Number: (615) 467-0128

You may also submit a written complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., HHH Building, Room 509F, Washington, DC 20201.