

AMERICAN RENAL ASSOCIATES AND AFFILIATED FACILITIES (“ARA”)

NOTICE OF PRIVACY PRACTICES

Effective Date: October 1, 2003

Revised Date: July 1, 2009

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO SUCH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Each time you visit a hospital, physician, dialysis facility, or other health care provider a record of your visit is made. These records typically contain information regarding your symptoms, examination and test results, diagnoses, treatment and care plan. This information, which may be referred to as your protected health information or PHI, may be used and/or disclosed as follows without your specific authorization:

1. For the purpose of treatment, payment, or health care operations. Examples of these types of disclosures are provided below.
2. To inform you of treatment alternatives, or about health related benefits and services that may be of interest to you.
3. To process insurance claims and to allow third party payors to verify that the services billed were actually provided.
4. We may disclose your PHI for the purpose of research. We will only disclose your PHI for research purposes without your express authorization if the research protocol has been approved by a valid institutional review board or privacy board.
5. We may disclose your PHI to public health officials.
6. We may disclose your PHI to law enforcement officials for law enforcement purposes.
7. We may disclose your PHI to an appropriate governmental authority if we reasonably believe that you may be a victim of abuse, neglect, or domestic violence.
8. If we believe it is necessary to avert a serious threat to the health or safety of yourself or the public, we may disclose your PHI to a person or persons who we believe are reasonably able to prevent or lessen the threat.
9. We may disclose your PHI as a source of data for business planning and for certain marketing purposes.

10. We may use your PHI as a tool for quality assurance and continuous quality improvement.
11. We may disclose your PHI as required by federal and state laws and regulations.
12. We may disclose your PHI to a health oversight agency, such as the United States Department of Health and Human Services or an equivalent state agency, for purposes relating to the oversight of the health care system and government benefit programs such as Medicare.
13. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a court order, subpoena, discovery request or other lawful process.
14. We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other purposes as authorized by law. We may also disclose your PHI to funeral directors as necessary to carry out their duties.
15. We may disclose PHI to organizations involved in the procurement, banking, or transplantation of cadaveric organs, eyes or tissue, for the purpose of facilitating organ and tissue donation.
16. If you are a member or the United States or foreign Armed Forces, we may disclose your PHI for activities that are deemed necessary by appropriate military command authorities to assure the proper execution of a military mission.
17. We may disclose your PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security functions authorized by law, or for the purpose of providing protective services to the President, foreign heads of state.
18. We may disclose your PHI to a correctional institution or a law enforcement official having lawful custody of you.
19. We may disclose your protected health information as authorized by, and in compliance with, laws relating to workers' compensation and similar programs established by law that provide benefits for work-related illnesses and injuries without regard to fault.

Any use or disclosure of your PHI that is not listed above will be made only with your written authorization which may be revoked by you at any time.

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

1. Request restrictions on the use and disclosure of your PHI. However, ARA is not required to agree to the restriction. If you wish to request a restriction on our uses and disclosures of your PHI, please provide a written request describing your requested restriction to the Privacy Officer. We will notify you of our decision regarding the requested restriction.
2. Inspect and copy all or any part of your medical or health record, as provided by 45 C.F.R. §164.524.
3. Amend your health record, as provided by 45 C.F.R. §164.526.
4. Request and receive an accounting of disclosures made of your PHI, except for disclosures made for the purpose of treatment, payment, health care operations and certain other purposes, as set forth in 45 C.F.R. §164.528.
5. Obtain a paper copy of this Notice from ARA upon request.
6. Receive communications of your PHI by alternative means or at alternative locations. For example, at your request, we will mail items to a post office box instead of your residence.
7. If you execute any authorization(s) for the use and disclosure of your PHI, you are entitled to revoke such authorization(s), except to the extent that action has already been taken in reliance thereon.

ARA'S RESPONSIBILITIES

1. Maintain the privacy of your PHI.
2. Provide you with this Notice as to our legal duties and privacy practices with respect to the information we maintain and collect about you.
3. Abide by the terms of this Notice.
4. Notify you if we are unable to agree to a requested restriction.
5. Provide you with a revised copy of this Notice if it is altered or amended.
6. Provide you with notification in the case of breaches of unsecured PHI.

ARA reserves the right to change its privacy practices for all PHI that we maintain. If our privacy practices materially change, ARA will revise this Notice and provide you with a copy of the revised Notice.

ARA will not use or disclose your PHI in a manner inconsistent with this Notice without your authorization.

EXAMPLES OF DISCLOSURES FOR PAYMENT, TREATMENT AND HEALTH CARE OPERATIONS

We will use your health information for treatment.

For example: Information obtained by your nephrologist, by a nurse, or by another member of your health care team will be recorded in your health record and used to develop a treatment plan for you. Your physician will order a course of dialysis treatment for you. Members of your health care team, including nurses and technicians, will record details of your dialysis treatments, along with any observations about your health status, before, during and after the dialysis treatment. This information will be reviewed by your physician and other members of your health care team as needed.

We will use your health information for payment.

For example: A bill may be sent to you or to a third party payor. The information on the bill or accompanying the bill may include information that identifies you, your diagnosis, the treatments rendered to you, and the medications, supplies and equipment used to perform the treatments.

We will use your health information for regular health care operations.

For example: Employees of ARA and its medical staff may use information in your health record to assess the quality of the care and treatment you receive here, and outcomes in your case and others like it. The information will then be used in an effort to continually improve the quality and effectiveness of the health care and services that we provide to all of our patients.

EXAMPLES OF OTHER PERMISSIBLE OR REQUIRED DISCLOSURES

Business Associates: There are some services provided at this facility or on behalf of ARA through contracts with business associates. Examples include medical director services provided by physicians with whom we have contracted, training services provided by manufacturers of dialyzers, and other legal and consulting services provided in response to billing and reimbursement issues which may arise from time to time. When we enter into contracts to obtain these services, we may need to disclose your PHI to our business associate so that such business associate may perform the job which we have requested. To protect your PHI, we require our business associate to appropriately safeguard your information.

Notification: We may use or disclose PHI to notify or assist in notifying a family member, personal representative, close personal friend, or other person responsible for your care of your location and general condition. **ARA will not disclose your PHI to your family members, personal representative or close personal friends as described in this paragraph if you object to such disclosures. Please notify the Privacy Officer if you object to such disclosures.**

Communication with Family Members: Health professionals, including those employed by or under contract with ARA, may disclose to a family member, other relative, close personal friend or any other person you identify, your PHI relative to that person's involvement in your care or payment related to your care, unless you object to such disclosures. Please notify the Privacy Officer if you object to such disclosures.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Public Health: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement: We may disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer. Additionally, you may file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights (800-368-1019). There will be no retaliation against you for filing a complaint.

If you have questions or would like additional information, or if you wish to file a complaint with us regarding our use or disclosure of your PHI, you may contact ARA's Privacy Officer at 877-997-3625 ext. 252.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, I acknowledge receipt of the Notice of Privacy Practices of American Renal Associates. The Notice of Privacy Practices provides information about how American Renal Associates Inc. may use and disclose my protected health information.

I acknowledge receipt of the Notice of Privacy Practices of American Renal Associates.

_____ Date: _____
(patient/parent/conservator/guardian)

FOR AMERICAN RENAL ASSOCIATES USE ONLY

Inability to Obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the patient's acknowledgement, describe the good faith efforts made to obtain the patient's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of American Renal Associates representative:

_____ Date: _____