

Notice of Privacy Practices: Protecting Your Health Information

This Notice is Effective as of: October 14, 2021.

Version: 03-0913

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.

This Notice applies to the following organizations and locations:

- **Dialysis Center of Lincoln, Inc.**
 - **Dialysis Center of Lincoln – O St**
 - **Dialysis Center of Lincoln – NW**
 - **Dialysis Center of Lincoln – SW**
 - **Dialysis Center of Columbus – DCC**

- **Home Dialysis of Lincoln, LLC – HDL**

Dialysis Center of Lincoln, Inc. (DCL) at each of its facilities in Lincoln and Columbus, and Home Dialysis of Lincoln, LLC (HDL) will use and distribute this Notice as a joint Notice of Privacy Practices. DCL and HDL intend to follow the information practices found in this Notice when using or disclosing information and records containing patient identifying health information. DCL and HDL will share your health information with each other as necessary for your treatment, payment, or health care operations.

If we need to use or disclose your health information for purposes other than treatment, payment, health care operations, as required by law, or for a reason not described in this Notice, we will need to obtain an authorization from you. Specific examples where we would need your authorization include if your health information includes psychotherapy notes or if we would receive payment for the information because of its sale or because of a third party's marketing purposes.

With your authorization, we may publish a notice about your birthday in the patient newsletter. We also may acknowledge your birthday on a facility bulletin board or when you come to our facilities. If you participate in patient activities, with your permission, your name may be placed on the patient bulletin board. We may also take a photograph of you for identification purposes, for educational purposes, and to record patient activities.

We are committed to protecting the privacy of your health information.

Each time you receive care at DCL or from HDL, a record of your care is made. This record will contain your medical information. It will also have billing and insurance information.

This information is used to:

- ✓ Plan your care and treatment;
- ✓ Communicate with the health professionals who care for you;
- ✓ Document the care you have received;
- ✓ Provide a record that services billed were actually provided;
- ✓ Educate health professionals;
- ✓ Improve the care we give; and
- ✓ Conduct medical research.

Uses & Disclosures without Your Authorization:

We may use or disclose your health information without your authorization (written permission) for the following reasons:

Treatment: We may use or disclose your health information for treatment purposes. For example, information in your medical record may be used to prepare your treatment plan. Your medical record may also be shared with your other health care providers so they can provide you treatment.

Payment: We may use or disclose your health information to obtain payment for our services. For example, in submitting our bill to your insurance company, Medicare, or another payer, the information on the bill may include your name, diagnosis, and the treatment given. We may also provide your health information to your other health care providers for their billing purposes.

Health Care Operations: We may use or disclose your health information for its health care operations. For example, we may use your health information for quality assurance, to coordinate your care, case management, or to provide you with appointment reminders. We may also disclose your health information to our business associates who help with our business operations, such as providing legal or accounting services, medical records storage, or other services for us that involve your health information. We may make your information available electronically through health information exchanges to other health care providers, health plans, or health care clearinghouses that request your information. Doing so allows us to share information they may have about you that can assist with your care.

We may also use or disclose your health information without your authorization for the following purposes:

Required by Law: We may release your health information provided the use or disclosure complies with and is limited by the particular law's requirements.

Disaster Relief Activities: In the event of a natural disaster, we may share information as necessary with disaster relief agencies.

Public Health Activities: We may share health information about you to assist public health activities or as required by law to:

- ✓ Prevent or control disease, injury, or disability;
- ✓ Report reactions to medications or equipment;
- ✓ Notify a person who may have been exposed to a disease or who may be at risk for getting or spreading a disease or condition; and to
- ✓ Prevent or lessen a serious threat to the health and safety of a person or the public.

Health Oversight Activities: We may provide information to agencies authorized by law to oversee the health care system, government benefit programs, and the like, through audits, license investigations, legal proceedings, and other activities. For example, each year the United States Renal Data Service and ESRD Networks collect and compile data about people with End Stage Renal Disease to analyze a variety of facts including how many people currently are on dialysis, the cause of their kidney failure, and to attempt to predict future needs for dialysis units.

Abuse, Neglect, or Domestic Violence: We may provide information to appropriate authorities authorized to receive such information about persons we believe may be a victim of abuse, neglect, or domestic violence.

Judicial & Administrative Proceedings: We are required to respond to subpoenas, court orders, or other lawful requests related to legal proceedings in a court or before a government agency. We may release your health information in response to court orders and subpoenas.

Law Enforcement: We may be asked to disclose health information by law enforcement as required or permitted by law or in response to a subpoena or court order.

Correctional Institution: We may share your health information with a correctional institution. For example, if you are an inmate or in the custody of law enforcement, we may disclose information necessary for your health and the health and safety of others.

Research: We may use your health information for research. For example, we are sometimes approached by vendors or others interested in improving the care of and/or wellbeing of dialysis patients. Any proposed research projects are fully investigated and approved by our Medical Staff, and your participation occurs only after you have provided us with written permission acknowledging your willingness to participate.

Organ Donation: We may share information about you to facilitate transplants.

Specialized Government Functions: We may provide medical information about you to federal officials for military and veteran's activities, national security, intelligence, and other national security activities.

Deceased Persons: We may provide information to funeral directors, coroners, or medical examiners as authorized by law to help them carry out their duties.

Worker's Compensation: We may provide health information to Worker's Compensation authorities in order to comply with the law.

Unless we are restricted from doing so, we may also use or disclose your health information without your authorization for:

Notification: We may release your location and general condition to your family members, other relatives, personal representatives, or other persons responsible for your care.

Facility Directory: We may also release information about your location to people who ask for you by name.

Communications: We may release your health information to your family members, other relatives, or others that is relevant to their involvement in your care or payment for your care.

Fundraising: DCL is a tax exempt, nonprofit organization. We may contact you to raise funds for our programs and operations. You have the right to opt-out of future fundraising communications. Our fundraising communications with you will inform you how you may opt out of future fundraising communications.

Marketing: We may use your information to contact you about our health-related products or services that may be of interest to you. If we are paid by a third party to allow it to market its own services or goods to our patients, an authorization from each individual whose PHI is to be disclosed to the third party will be obtained. The authorization for marketing purposes must state that remuneration has been or will be received by us in exchange for the disclosure of PHI.

Our Responsibilities Regarding Your Health Information:

We are required by law to:

- ✓ Maintain the privacy of your health information;
- ✓ Give you this notice of our legal duties and privacy practices regarding the information we collect and maintain about you;
- ✓ Follow this Notice of Privacy Practices; and
- ✓ Inform you if we are unable to agree to your written request about restricting the disclosure of your health information.

Your Health Information Rights:

You have the following rights about your health information:

Right to Access: You have the right to look at and receive a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. You must send your request in writing to our Health Information Management Department (HIM). We may deny your request to look at and receive a copy of your medical information. If your request is denied, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and our denial. The person conducting the review will not be the person who denied your request. We will follow the outcome of the review.

You will have access to this information in a readily producible form. If this information is electronically maintained, you have the right to look at, and receive a copy of, the information in an electronic format. You may designate a person to whom you want your information sent. We will honor your request to send your information to another person or entity if you have clearly and specifically provided us that person's contact information in writing. If the PHI is not readily producible as requested, we may provide a readable hard copy form or another form and format as you and we agree. Reasonable cost-based charges may apply.

Right to Request Restrictions: You have the right to ask us to limit the information we use or disclose about you for treatment, payment, or health care operations or the information we may provide to family members or others you identify. You must request the limitation in writing to our Privacy Officer. In your request, you must state (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply. We, however, are not required to honor your request unless: (1) your request is to restrict disclosures to health plans; (2) your request only limits disclosures made for the purpose of carrying out payment or health care operations; and (3) the request only limits disclosures relating to health care items or services for which you have paid us out of pocket in full.

Right to Request Changes to Your Information: If you feel that the medical information we have collected about you is not correct, you may ask us to change the information. Your request must be made in writing to our Health Information Manager. Your written request must include the reason that supports your request for the change. Your request may be denied if the information:

- ✓ Was not created by us;
- ✓ Is not part of our medical record;
- ✓ Is not part of the information you would be allowed to look at under law; or
- ✓ Is deemed to be correct and complete.

Right to an Accounting of Disclosures: You have a right to receive a list of certain disclosures made by us of your health information. The list will not include disclosures made for purposes of treatment, payment, or our health care operations. The list will not include disclosures made to you or with your written authorization, those that occur incident to a use or disclosure that is consistent with federal privacy regulations, those for national security purposes, to correctional institutions or facilities, or certain other disclosures of a limited amount of your information. You may request a list of disclosures that were made in the six years before your request.

Right to Ask for Private Communications: You have the right to request that we communicate with you about your health information in certain ways or at a certain location. We will not ask you the reason for your request and will agree to all reasonable requests. To request private communications, you must make your request in writing to our Privacy Officer. Your request must say how and/or where you wish to be contacted.

Right to Receive Notification: You have the right to receive a notification from us in certain situations. Generally, you will receive this notification if we become aware that (1) your health information is not secured according to federal standards, (2) the information is accessed, disclosed, or used in violation of federal laws, and (3) the access, disclosure, or use would compromise the security or privacy of the information. This notification will contain important information about the breach and where you can obtain further information.

Right to Revoke: You may revoke, at any time, an authorization you have provided to us to use or disclose your health information. Your authorization cannot be revoked if it was a condition of your obtaining insurance. You must also understand that a revocation will not apply to any information that has already been released because of your authorization.

Right to a Copy of This Notice: You may ask us for a paper copy of this Notice at any time. To request a copy, contact the Privacy Officer at (402) 489-5339. This Notice is also available on the DCL website: <https://www.dialysiscenteroflincoln.org/>.

Changes to this Notice:

We have the right (or may be required by law) to change this Notice of Privacy Practices. Any changes in our Notice of Privacy Practices will apply to all health information created or maintained by us after the effective date of the revised Notice. A copy of the current Notice will be posted at each DCL site, at HDL, and on our respective websites. In addition, you will be offered a copy of the Notice if and when any changes are made to it.

Questions and Concerns:

If you have any questions or concerns about this Notice, if you wish to exercise one of your health information rights, or if you believe your rights have been violated, you may submit a complaint to:

Privacy Officer/ HIM
Dialysis Center of Lincoln, Inc.
7910 O Street
Lincoln, NE 68516
(402) 489-5339

You may also contact the Secretary of the United State Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint. This Notice is Effective as of: October 14, 2021.

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