



## 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 THIS NOTICE CAREFULLY.**

A federal regulation, known as the "HIPAA Privacy Rule," requires that Physicians Choice Management, LLC ("PCD") provide patients with the following detailed written notice describing PCD's privacy practices. The terms of this Notice apply to PCD and all of its affiliated entities, including the following entities and their related facilities:

- Cherokee Community Dialysis, LLC;
- Gulfgate Kidney Center, LLC;
- Physicians Choice Dialysis of Luverne, LLC;
- Physicians Choice Dialysis of Montgomery, LLC;
- Sapphire Community Dialysis, LLC;
- Prattville Community Dialysis, LLC; and
- East Montgomery Community Dialysis, LLC.

### **I. PCD'S COMMITMENT TO PROTECTING HEALTH INFORMATION**

The HIPAA Privacy Rule requires that PCD protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "Protected Health Information" or "PHI."

This Notice describes the ways that PCD may use and disclose your health information. PCD is required by law to:

- Maintain the privacy and security of PHI;
- Give patients this Notice of Privacy Practices describing our legal duties and privacy practices and comply with its terms; and
- In the event of a breach, promptly notify any patients whose information may have been compromised.

**PCD reserves the right to make changes to this Notice and to make such changes effective for all PHI that PCD may already have about you. If and when this Notice is changed, PCD will post a copy in each clinic in a prominent location and on our website. PCD will also provide you with a copy of the revised Notice upon your request made to PCD's Privacy Official.**

### **II. HOW PCD MAY USE AND DISCLOSE YOUR PHI**

#### **TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

**Treatment:** PCD may use and disclose your PHI to provide, coordinate or manage your dialysis treatments and other related health care services. PCD may consult with other health care providers about your treatment and coordinate and manage your health care with others. For example, PCD may use and disclose your PHI when communicating with your primary care physician or nephrologists.

**Payment:** PCD may use and disclose PHI in order to bill and collect payment for the services we provide to you. Before providing treatment or services, PCD may share details with your health plan concerning the treatment or services you are scheduled to receive. For example, PCD may ask for payment approval from your health plan before providing treatment or services. PCD may also use and disclose PHI to (i) determine if your health plan will cover the cost of dialysis or other health care services; (ii) submit and manage claims; and (iii) pursue collection activities.

PCD may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for payment activities. For example, PCD may allow a health insurance company to review PHI so that the insurance company can determine the payments owed to PCD for your treatment and services.

**Health Care Operations:** PCD may use and disclose PHI to perform business activities, which are called health care operations. Health care operations include doing things that allow PCD to improve its quality of care and reduce health care costs. PCD may use and disclose PHI about you in the following health care operations:

- Reviewing and improving the quality, efficiency, and cost of care. For example, we may use your PHI develop ways to assist our physicians and staff in deciding how to improve the medical treatment we provide to others.
- Improving health care, helping to manage and coordinate, and lowering costs for groups of people who have similar health problems. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives and educational classes.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and other patients.
- Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of care that we provide.
- Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty. For example, we may use or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing.
- Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- Assisting us in making plans for our practice's future operations.
- Resolving grievances within our practice.
- Reviewing our activities in the event that we sell our practice to someone else or combine with another practice.
- Business planning and development, such as cost-management analyses.
- Business management and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- Creating "de-identified" information that cannot be linked to any individual.

We may also disclose your PHI to another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule for certain health care operations of that health care provider or company. Such health care operations may include: reviewing and improving the quality, efficiency, and cost of care provided to you; reviewing and evaluating the skills, qualifications, and performance of health care providers; providing training programs for students, trainees, health care providers, or non-health care professionals; cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty; assisting legal compliance activities of that health care provider or company.

PCD may also disclose PHI for the health care operations of an "organized health care arrangement" in which we participate. An example of an "organized health care arrangement" is the joint care provided by a hospital and the doctors who see patients at the hospital.

**Communication from Our Office:** We may contact you to remind you of appointments and to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

## **USES AND DISCLOSURES THAT YOU WILL HAVE THE OPPORTUNITY TO AGREE OR OBJECT TO**

For certain health information, you can tell us your choices about what we share. PCD may use and disclose PHI about you in some situations where you have both the right and the choice to either agree or object to certain uses and disclosures of your PHI. If you do not object, then PCD may make these types of uses and disclosures of PHI.

**Individuals Involved in Your Care or Payment for Your Care:** You have the right and choice to tell PCD whether PCD may disclose your PHI to your family member, close friend or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present and able to consent or object, PCD must give you an opportunity to object to the use or disclosure of your PHI to these persons. PCD may only use or disclose your PHI to these persons if you do not object after being told that you can object.

However, if you are not present or you are unable to consent or object, PCD may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your physician for some reason, PCD may find it is in your best interest to give your prescription and other medical supplies to the friend or relative who brought you in for treatment. PCD may also use and disclose PHI to notify such persons of your general location. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other things that contain PHI about you.

**Other:** You have the right and choice to tell PCD whether or not PCD can (1) share your information in a disaster relief situation; (2) include your information in a hospital directory; or (3) contact you for fundraising efforts.

## **USES AND DISCLOSURES FOR WHICH YOU MUST GIVE PCD WRITTEN AUTHORIZATION**

PCD will never share the following information unless you give written permission:

- For marketing purposes;
- For the purpose of selling your information;
- For most sharing of psychotherapy notes.

## **USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT**

PCD is allowed or required to share your information in certain circumstances – usually in ways that contribute to the public good, such as public health and research. PCD may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain applicable conditions.

**Required By Law:** We may use and disclose PHI as required by Federal, state, or local law. Any disclosure must comply with the law and be limited to the requirements of the law.

**Public Health Activities:** We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To report child abuse or neglect;
- To report reactions to medications or problems with products or devices regulated by the Federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
- To locate and notify persons of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or

- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

**Abuse, Neglect, or Domestic Violence:** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure, disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs and compliance with certain laws.

**Lawsuits and Other Legal Proceedings:** We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process.

**Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

**Coroners, Medical Examiners, Funeral Directors:** We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

**Workers' Compensation:** We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

**Organ and Tissue Donation:** If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.

**Research:** We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

**Specialized Government Functions:** Under certain circumstances we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
- For national security and intelligence activities;
- To help provide protective services for the President and others;

- For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations for the general safety and health related to corrections facilities.

**Disclosures required by HIPPA Privacy Rule:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPPA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you (those requests are described in Section III of this Notice).

**All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.** Note that we do not create or manage a hospital directory or create or maintain psychotherapy notes at this practice.

### **III. YOUR RIGHTS REGARDING PHI ABOUT YOU**

Under federal law, you have the following rights:

**Right to Request Restrictions:** You have the right to ask us not to use or share certain health information for treatment, payment, or our operations. *We are not required to agree to your request, and we may say "no" if it would affect your care.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and (3) to whom you want those restrictions to apply.

**Right to Receive Confidential Communications:** You have the right to request that we contact you in a certain manner or at a certain location. For example, you may request that we contact you at home rather than at work. You must make your request in writing to our Privacy Official. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We will say "yes" to *reasonable* requests.

**Right to Inspect and Copy:** You have the right to request to inspect and receive a copy of your PHI in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request.

**Right to Amend:** You have the right to request that we correct health information about you that you think is incomplete or incorrect, as long as that information is kept by or for our office. You may submit such requests in writing to our Privacy Official. You must also give us reasons for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

**Right to Receive an Accounting of Disclosures:** You have the right to request an "accounting" (a list) of certain disclosures that we have made of PHI about you, who the disclosures were made to, and why the disclosures were made. This list will name all disclosures made by us during a specified period of time, up to six years, *other than* disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization by you or your personal representative; or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes) and disclosures made before April 14, 2003.

If you wish to make such a request, please contact our Privacy Official identified on the last page of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

**Right to a Paper Copy of the Notice:** You have the right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Official listed below.

#### **IV. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services ("HHS"). To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take-action against you for filing a complaint.

#### **V. QUESTIONS**

If you have any questions about this Notice, please contact the Center Director, Facility Administrator, and/or the Clinical Coordinator at your facility.

Cindy Locklear,  
Phone: 334-221-5374  
Email: clocklear@phychoice.com

#### **VI. PRIVACY OFFICIAL CONTACT INFORMATION**

The PCD Facility-Based Privacy Representatives for your facility are the Center Director, Facility Administrator, and/or Clinical Coordinator.

Cindy Locklear,  
Phone: 334-221-5374  
Email: clocklear@phychoice.com

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