

PHYSICIANS DIALYSIS
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 our Privacy Contact.

This Notice of Privacy Practices describes how Physicians Dialysis may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of your protected health information, to provide you with this notice of our legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of protected health information that is not secured in accordance with federal standards. We must abide by the terms of the Notice of Privacy Practices that is currently in effect.

1. Permitted Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by Physicians Dialysis, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to obtain payment of your health care bills and to support the operations of Physicians Dialysis.

Following are examples of the types of uses and disclosures of your protected health care information that Physicians Dialysis is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your protected health information, as necessary, to a home health agency that provides care to you or to other physicians who may be treating you, to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another health care provider (i.e. a diagnostic imaging facility or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: With your consent, your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

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Healthcare Operations: With your consent, we may use or disclose your protected health information, as needed, in order to support the business activities of Physicians Dialysis. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities.

We will share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for Physicians Dialysis. Whenever an arrangement between Physicians Dialysis and a business associate involves the use or disclosure of your protected health information, we will have a written contract with the business associate which contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Others Involved in Your Healthcare: We may disclose your protected health information to a person who is your legal representative under Florida law. We may disclose your protected health information to other persons, including family members and others involved in your health care or payment for your health care if you consent to the disclosure and identify the recipient in writing.

2. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent or Authorization

We may use or disclose your protected health information in certain situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your protected health information for certain public health activities and purposes to a public health authority that is authorized by law to collect or receive the information.

Health Oversight: We may disclose protected health information to the Florida Department of Health, and, with your consent to other federal, state and local health oversight agencies, for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to a subpoena of a court or administrative tribunal (to the extent

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such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and judicial proceedings; (2) limited information requests for identification and location purposes; (3) pertaining to victims of certain crimes; (4) suspicion that death has occurred as a result of criminal conduct; and (5) in the event that a crime occurs on the premises of Physicians Dialysis.

Medical Examiner: We may disclose protected health information to a medical examiner for identification purposes, determining cause of death or for the medical examiner to perform other duties authorized by law.

Uses and Disclosures to Avert a Serious Threat to Health or Safety. Where permitted by Florida law, we will disclose protected health information if we believe such use or disclosure is necessary to prevent or lessen a clear and immediate probability of physical harm to the patient, to other individual or to society.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

4. Prohibited Uses and Disclosures of Protected Health Information

Physicians Dialysis will require a written authorization from you before it uses or discloses your protected health information for any other use or disclosure not described in this Notice including the following.

- Communications for the solicitation or marketing of goods or services;
- Sale of protected health information;
- Disclosure of psychotherapy notes and mental health records; and records related to alcohol or substance abuse, genetic testing and HIV/AIDS testing results, except as required by law.

You may revoke an authorization to disclose your protected health information at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

5. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that Physicians Dialysis uses for making decisions about you. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We will supply an electronic copy of the protected

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health information, if we maintain it in electronic format. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, except if you pay for a service entirely out-of-pocket. If you pay for a service entirely out-of-pocket, you may request that information regarding the service be withheld and not provided to a third party payor. Physicians Dialysis is obligated by law to abide by such restriction. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with us. You may request a restriction by submitting your request in writing to our Privacy Contact.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations, provided that such disclosures were made through a paper record or other health record that is not electronic, as set forth in federal regulations. It excludes disclosures we may have made to you or pursuant to your authorization. You have the right to receive specific information regarding these disclosures that occurred for a 6 year period prior to the date of your request. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this Notice from us. You have the right to request a paper copy of this Notice upon request.

You have the right to a copy of changes to this Notice. We may change the terms of our Notice of Privacy Practices, at any time. The new Notice will be effective for all protected health information that

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we maintain at that time. You may request that we provide you with any revised Notice of Privacy Practices by calling our office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

6. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact at (305) 651-3261 or in writing at 19559 NE 10th Avenue, North Miami Beach, Florida 33179 for further information about the complaint process.

This Notice of Privacy Practices applies to the following: Bradenton Medical Enterprises, Inc., Gulf Coast Kidney Center, Inc., North Beach Dialysis Center, Inc., Orion Medical Enterprises, Inc., and Renal Pharmacy Services, LLC, and becomes effective on October 1, 2014.