

NOTICE OF PRIVACY PRACTICES

DIALYSIS ASSOCIATES, P.C.

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 PAGE IS A SUMMARY ONLY
THE COMPLETE NOTICE IS PRINTED ON THE FOLLOWING PAGES

A federal law called the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") creates new rights for patients of most healthcare providers. One of these rights is to information regarding the provider's privacy practices. Under federal regulations, we must provide you with a copy of this Notice of Privacy Practices and ask that you sign a document stating that we gave the notice to you. You may review the Notice of Privacy Practices immediately or at a later time. You should read the Notice carefully because it explains:

- How we may use health information about you.
- That we, like other healthcare providers, may use and disclose health information about you as part of your treatment, to obtain payment for services provided, and for various administrative purposes. We are not required to obtain your permission for these uses and disclosures.
- Other circumstances where we may use or disclose information about your health without obtaining your permission.
- The rights you have with respect to your health information maintained by the practice, including:
 - Your right to have a copy of this Notice.
 - Your right to review and copy health information maintained by the practice.
 - Your right to an accounting of certain disclosures of your health information made by the practice.
 - Your right to request that we communicate with you at alternative locations, mailing addresses or telephone numbers.
 - Your right to request restrictions on how we use your health care information.
 - Your right to request an amendment to information in our records that you think is in error.
 - Your right to file a complaint if you believe your privacy rights have been violated.

We encourage you to read this notice and keep a copy of this notice for your records.

THE POLICIES IN THIS NOTICE BECOME EFFECTIVE ON APRIL 14, 2003.

NOTICE OF PRIVACY PRACTICES

DIALYSIS ASSOCIATES, P.C.

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 of Privacy Practices is provided to you pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule") issued under that Act. This Notice describes how we may use and disclose your protected health information for the purposes of treatment, payment and healthcare operations, and for certain other uses that are permitted or required by law. It also describes your rights to access and control your protected health information. For purposes of this Notice, your "protected health information" means all information (whether oral or recorded or transmitted in any form) which: (i) identifies you or could be reasonably used to identify you; (ii) relates to your medical condition, medical treatment provided to you, or payment for the provision of medical treatment or services; and (iii) is created or received by DIALYSIS ASSOCIATES, P.C. ("DIALYSIS ASSOCIATES"), with certain limited exceptions. You should be aware that DIALYSIS ASSOCIATES may sometimes provide treatment or services to you in a hospital or other setting, and that facility may have different policies and/or notices relating to your medical information.

This Notice covers all locations at which DIALYSIS ASSOCIATES maintains offices and all physicians and other persons employed or contracted by DIALYSIS ASSOCIATES who participate in the treatment provided to you.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

DIALYSIS ASSOCIATES may use and disclose your protected health information for any of the following types of uses: (i) treatment, (ii) payment, or (iii) health care operations. Explanations and examples of these types of uses and disclosures are provided below. The examples provided below are for illustration purposes only and are not intended to describe every use and disclosure permitted within that category.

We are required to obtain your written authorization for uses and disclosures of your protected health information that are not included in the following categories unless the use or disclosure is otherwise permitted by the Privacy Rule or applicable law:

A. Uses and Disclosures for Treatment

We may use and disclose your protected health information to provide medical treatment or services to you. This includes coordination or management of your health care with a third party. Some examples are:

- Sending reports to your primary care physician who may have referred you to a specialist at DIALYSIS ASSOCIATES for treatment or testing. (This may include calling or faxing information to the physician's office.)
- Disclosure of your protected health information to a hospital in which procedures were performed by an DIALYSIS ASSOCIATES physician.
- Consulting with other health care professionals concerning your course of treatment.

B. Uses and Disclosures for Payment

DIALYSIS ASSOCIATES may use your protected health information for purposes of billing you, your insurance company or another third party responsible for payment for services provided to you. This may include disclosures necessary to obtain prior approval for services scheduled to be performed or to determine your coverage. We may also disclose your protected health information to any billing company used to process claims and submit bills on behalf of DIALYSIS ASSOCIATES. Additional examples include:

- Disclosing protected health information as required by your insurance company to demonstrate the medical necessity of a recommended procedure or for utilization review.
- Disclosing your protected health information to another health care provider involved in your treatment for the other provider's payment activities.

C. Uses and Disclosures for Healthcare Operations

DIALYSIS ASSOCIATES may use and disclose your protected health information in order to effectively and efficiently operate our practice, and to ensure that quality care is provided to all patients. Some examples of this are:

- Uses and disclosures of protected health information to review the quality of our services and evaluate the performance of our personnel.
- Using and disclosing information to professionals, staff, students and trainees for education and training purposes.
- Uses and disclosures for accreditation, certification, licensing or credentialing activities.
- Uses and disclosures for audits and similar functions, including compliance reviews and legal services.
- Uses and disclosures for business development and planning and general office administration.

II. USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT

Federal law permits DIALYSIS ASSOCIATES to use and disclose your protected health information without your express permission or authorization for certain purposes, including the following:

A. Disclosures Required by Law

DIALYSIS ASSOCIATES may use or disclose your protected health information to the extent required by federal, state or local law, including disclosures made as directed or expressly authorized by a court or administrative tribunal.

B. Public Health Activities

DIALYSIS ASSOCIATES may disclose your protected health information to certain public health or other governmental authorities for the following activities and purposes:

- To prevent or control disease, injury or disability, including uses and disclosures necessary to prevent or lessen a serious threat to your health or the health and safety of the public.
- To report vital events, such as birth or death.
- To conduct public health surveillance, investigations and interventions.
- To report suspected or confirmed cases of abuse, neglect or domestic violence, to the extent required or authorized by law, or subject to your permission.
- To the Federal Food and Drug Administration ("FDA") or to a person subject to FDA jurisdiction, for purposes relating to the quality, safety or effectiveness of an FDA-regulated product or activity.
- To notify a person who may have been exposed to a communicable disease or who may be at risk of contracting or spreading such disease or condition, as authorized by law.
- To report information to your employer as permitted or required by law.

C. Health Oversight Activities

DIALYSIS ASSOCIATES may disclose your protected health information to a health oversight agency for purposes of audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight of the healthcare system and entities subject to federal laws, regulations and program standards. DIALYSIS ASSOCIATES will not disclose your protected health information for health oversight activities if you are the subject of an investigation and the information does not arise out of or directly relate to your receipt of health care or a claim for public benefits or services.

D. Law Enforcement Purposes

DIALYSIS ASSOCIATES may disclose your protected health information for the following types of law enforcement purposes:

- As required by law for reporting certain types of wounds or injuries.
- Pursuant to a court order, warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances if you are a victim of a crime.
- To a law enforcement official if DIALYSIS ASSOCIATES has reason to suspect that your death was the result of criminal conduct.
- To report a crime in an emergency.

E. Coroners, Funeral Directors, and for Organ and Tissue Donation Purposes

DIALYSIS ASSOCIATES may disclose your protected health information to a coroner or medical examiner for identification purposes, to determine cause of death, or to enable such persons to perform other duties authorized or required by law. DIALYSIS ASSOCIATES may also disclose your protected health information, as authorized by law, to a funeral director for purposes of enabling the funeral director to carry out his or her duties. Such information may be disclosed in reasonable anticipation of death. Protected health information may also be used or disclosed for cadaveric organ, eye or tissue donation purposes.

F. Research

Your protected health information may be used or disclosed for research purposes to the extent such use or disclosure has been approved by an Institutional Review Board or Privacy Board that has reviewed the applicable research proposal and protocols to address the privacy of your protected health information, or in limited circumstances where the use or disclosure is merely preparatory to conducting a research project. In other cases, your protected health information will not be used or disclosed for research purposes without your prior written authorization (as described below). In any event, you will be given specific information about research projects for which you are a candidate or in which you are asked to participate.

G. Certain Government Functions

DIALYSIS ASSOCIATES may use or disclose your protected health information for certain government functions including military and veterans activities, national security and intelligence activities, medical suitability determinations (as necessary for national security clearance or Foreign Service purposes), correctional institutions, and law enforcement custodial situations.

H. Workers Compensation

DIALYSIS ASSOCIATES may disclose your protected health information in order to comply with workers compensation laws or similar programs.

III. OTHER USES AND DISCLOSURES

In addition to the uses and disclosures described above, DIALYSIS ASSOCIATES may use and disclose your protected health information for the following purposes:

- To remind you of an appointment.
- To inform you of potential treatment alternatives or options.
- To inform you of health-related benefits or services that may be of interest to you.

Additionally, we may make certain disclosures of protected health information incidental to the above purposes, so long as we make reasonable efforts to limit such uses and disclosures to the minimum information necessary to accomplish the intended purpose, and reasonably safeguard protected health information to limit such incidental uses and disclosures. Some examples of incidental uses and disclosures include:

- Calling your name in a waiting room when it is time for your exam.
- Discussing your treatment or condition with you in a semi-private hospital room.
- Personnel may discuss your treatment or condition at a nursing station or similar area of the office or hospital to the extent necessary.

IV. USES AND DISCLOSURES WITHOUT AUTHORIZATION BUT WITH OPPORTUNITY TO OBJECT

You have a right to object to certain disclosures of your protected health information which DIALYSIS ASSOCIATES may otherwise make without your authorization. These disclosures include:

- Discussing your condition or treatment with a family member or other person as directly relevant to that person's involvement in your care or payment for your care.
- Attempts to locate or notify family members or others involved in your care concerning your location, condition or death.

V. USES AND DISCLOSURES WITH YOUR WRITTEN AUTHORIZATION

Except for the types of disclosures described above, DIALYSIS ASSOCIATES will not disclose your protected health information without your prior written authorization. If you provide a written authorization for such disclosures, you may revoke the authorization in writing at any time. However, the revocation will not be effective for disclosures already made by DIALYSIS ASSOCIATES in reliance upon the authorization.

VI. YOUR INDIVIDUAL RIGHTS

In addition to any rights described above, you have the following rights regarding your protected health information:

A. Right to Inspect and Copy Your Protected Health Information

You may inspect and obtain a copy of your protected health information contained in DIALYSIS ASSOCIATES's medical or billing records or other records that DIALYSIS ASSOCIATES uses in making decisions about your treatment. However, federal law does not permit your inspection or copying of the following types of records:

- Psychotherapy notes.
- Information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding.
- Protected health information that DIALYSIS ASSOCIATES is otherwise prohibited from disclosing to you by law.

Any request to inspect or copy your protected health information must be made in writing and submitted to the DIALYSIS ASSOCIATES Privacy Officer whose contact information appears below. DIALYSIS ASSOCIATES must respond to your request for access to protected health information within thirty (30) days of receiving the request. DIALYSIS ASSOCIATES may deny your request to inspect or copy all or part of your protected health information if, an DIALYSIS ASSOCIATES physician has determined, in his/her professional judgment, that such access is reasonably likely to endanger the life or physical safety of you or another person. Any such denial must be provided to you in writing and describe your rights to request a review of the denial. If DIALYSIS ASSOCIATES provides you with copies of your protected health information, we reserve the right to charge a reasonable, cost-based fee for such copies and the cost of any postage incurred if such information is mailed to you. DIALYSIS ASSOCIATES may also charge you a reasonable fee for the cost of preparing an explanation or summary of your protected health information if you agree in advance to such a summary or explanation and the fee associated with it.

B. Right to Request Restrictions on Uses and Disclosures

You may request that DIALYSIS ASSOCIATES place restrictions on the use or disclosure of your protected health information for purposes of treatment, payment or healthcare operations. Any such request must be in writing and specifically state the desired restriction and to whom the restriction is requested to apply. DIALYSIS ASSOCIATES is not required to agree to any requested restriction. However, DIALYSIS ASSOCIATES will notify you in writing if your request is denied. If DIALYSIS ASSOCIATES does agree to such a restriction, we may not use or disclose your protected health information in violation of the restriction except as necessary to provide emergency treatment. Under certain circumstances, DIALYSIS ASSOCIATES may terminate its agreement to any such restriction.

C. Right to Request Confidential Communications from DIALYSIS ASSOCIATES by Alternative Means or at Alternative Location

You may request that DIALYSIS ASSOCIATES communicate with you by alternative means or at alternative locations. Such requests must be made in writing to the DIALYSIS ASSOCIATES Privacy Officer. DIALYSIS ASSOCIATES will accommodate all such reasonable requests.

D. Right to Request Amendment of your Protected Health Information

You may request that DIALYSIS ASSOCIATES amend your protected health information as contained in DIALYSIS ASSOCIATES's records. All such requests must be made in writing and submitted to the DIALYSIS ASSOCIATES Privacy Officer. DIALYSIS ASSOCIATES will respond to such requests within sixty (60) days of receipt, unless we give you written notice of reasons why we are unable to process your request within this time period. In any case, DIALYSIS ASSOCIATES must respond to your request no later than ninety (90) days after receipt. DIALYSIS ASSOCIATES may deny your request in certain cases. Any denial will be provided in writing and will explain the reasons for the denial and a statement of your further rights.

E. Right to Receive an Accounting

You may request that DIALYSIS ASSOCIATES provide you with a list of certain disclosures made by DIALYSIS ASSOCIATES of your protected health information. DIALYSIS ASSOCIATES is not required to provide an accounting of disclosures made for purposes of treatment, payment or healthcare operations. DIALYSIS ASSOCIATES is also not required to account for disclosures requested by you, disclosures you agreed to by signing a written authorization, disclosures for any facility directory, disclosures we are permitted to make to family members or others involved in your care, or certain other disclosures we are permitted to make without your authorization (including incidental disclosures).

Any request for such an accounting must be made in writing and submitted to the DIALYSIS ASSOCIATES Privacy Officer. The request must specify the time period sought for the accounting. Please note that this time period cannot exceed six (6) years from the date of the request, and DIALYSIS ASSOCIATES is only required to account for disclosures made after the effective date of this Notice. DIALYSIS ASSOCIATES will provide you with the first accounting requested in any 12-month period without charge. Additional requests within that 12-month period may be subject to a reasonable, cost-based charge.

F. Right to Obtain a Copy of this Notice

You may obtain a separate paper copy of this Notice, even if you have already received a copy or have agreed to accept this Notice electronically, by contacting the DIALYSIS ASSOCIATES Privacy Officer.

VII. OUR DUTIES

DIALYSIS ASSOCIATES is required to maintain the privacy of your protected health information as described in this Notice. We reserve the right to make changes to this Notice from time to time and to make such changes effective for all protected health information maintained by DIALYSIS ASSOCIATES. We will make the revised Notice available to you and post the Notice in our office as soon as possible.

VIII. COMPLAINTS

If you believe your privacy rights have been violated, you may contact the DIALYSIS ASSOCIATES Privacy Officer (see contact information below) or file a complaint with the Secretary of the U.S. Department of Health and Human Services. We encourage you to express any concerns to us you may have concerning your privacy. DIALYSIS ASSOCIATES will not take any retaliatory action against you for filing a complaint.

IX. DIALYSIS ASSOCIATES PRIVACY OFFICER - CONTACT INFORMATION

Please direct all questions or concerns relating to the privacy of your health information or any provision of this Notice, and any request or notice you are entitled to make to the following:

Privacy Officer
DIALYSIS ASSOCIATES, P.C.
4848 McLeod Drive East
Saginaw, MI 48604

Telephone: (989) 793-6200

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