

DIALYSIS CENTERS OF NORTHWEST ARKANSAS, LLC NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION

Effective Date: April 14, 2003

YOUR RIGHTS

Revised: September 2013

OUR RESPONSIBILITIES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW
YOU CAN OBTAIN ACCESS TO YOUR HEALTH INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

DIALYSIS CENTERS of NORTHWEST ARKANSAS, LLC RESPONSIBILITIES

Dialysis Centers of Northwest Arkansas, LLC is committed to protecting the confidentiality of your health information. DCNA creates a record of the care and services you receive at our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will inform you as to the ways we may use and disclose information about you and your health ("health information"). This notice also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

This notice applies to all of the records of your care generated or maintained by DCNA, whether made by DCNA personnel or your doctor.

The Health Insurance Portability and Accountability Act ("HIPPA") requires that DCNA maintain the privacy of your health information and provide you this notice as to our legal duties and privacy practices with respect to health information. When DCNA uses or discloses health information, it is required to abide by the terms of this notice. DCNA reserves the right to change our privacy practices and this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. Our current notice may be accessed on the DCNA web page at <http://www.dcnwa.com>. Revised notices will also be posted in facility patient waiting areas. You may also receive current copies of our notice by sending a written request to the DCNA (WRMC) privacy officer.

DCNA is required by law to let you know promptly if a breach occurs that may have compromised the privacy of security of your health information.

If you have any questions about this notice, contact the DCNA (WRMC) Privacy Officer at 479-463-1000, or by writing to DCNA (WRMC) Privacy Officer, 3215 N. North Hills Blvd., Fayetteville, AR 72703.

YOUR CHOICES: For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases **we never share** your information unless you give us written permission:

- Marketing purposes
 - Sale of your health information
 - Most sharing of psychotherapy notes
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- Directories. DCNA may maintain a directory of patients that includes your name and location within the facility, your religious designation, and information about your condition in general terms that will not communicate specific health information about you. Except for your religion, DCNA may disclose this information to any person who asks for you by name. DCNA may disclose all directory information to members of the clergy.
 - Notifications. DCNA may disclose to your relatives or close personal friends any health information that is directly related to that person's involvement in the provision of, or payment for, your care. DCNA may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location and general condition or death, and to organizations that are involved in those tasks during disaster situations.
 - Except as described in this Notice, disclosures of your health information will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following sections describe the circumstances for which DCNA may use and disclose your health information without obtaining prior authorization and without offering you an opportunity to object.

- Treatment. DCNA may use and disclose your health information to provide you with medical treatment and services. DCNA may disclose health information about you to doctors, nurses, technicians, students, or other health care personnel who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the hospital's dietitian if you have diabetes so that we can arrange for appropriate meals. DCNA may also share your health information with other DCNA personnel or non-DCNA providers, agencies, or facilities in order to coordinate the services you may need, such as prescriptions, lab work and x-rays. DCNA may also disclose health information to persons outside DCNA who may be involved in your continuing medical care after you leave DCNA, such as another dialysis facility, transplant center, hospital, nursing home, home health provider, rehabilitation hospital, community agencies and family members.
- Payment. Your health information will be used or disclosed, as necessary, to secure payment for your health care services. DCNA may use your health information so that the treatment and services you receive at DCNA or from other entities, such as an ambulance company, may be billed and payment collected from you, an insurance company or a third party. For example, we may share your health information with your health insurance company and provide your diagnosis and treatment in order to assist the insurer in processing the claim for the healthcare services provided to you.

- Health Care Operations. DCNA may use and/or disclose your information for the purpose of our day-to-day operations and functions. We may also disclose your information to another covered entity to allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at this facility. Also, we may contact you as part of our efforts to raise funds for the organization. All fundraising communications will include information about how you may opt out of future fundraising communications.

DCNA may also use and/or disclose your health information:

- When required by law;
- For public health purpose such as vital statistics and preventing or controlling disease;
- To disclose information about victims of abuse, neglect or domestic violence;
- For health oversight activities, such as audits or civil, administrative or criminal investigations;
- For judicial or administrative proceedings;
- For law enforcement purposes;
- To assist coroners, medical examiners or funeral directors with their official duties;
- To facilitate organ, eye or tissue donation;
- For certain research projects that have been evaluated and approved through a research approval process that takes into account patients' need for privacy;
- To avert a serious threat to public or health safety;
- Dialysis Centers of Northwest Arkansas, LLC and the independent members of its Medical and Allied Health Staffs participate in an organized health care arrangement, as recognized by law, so that they may share your health information in the course of providing your treatment, performing peer review, quality improvement activities, medical education, and conducting the payment and health care operations associated with your care at any DCNA facility.
- For specialized governmental functions, such as military, national security, criminal corrections or public benefit purposes; and
- For workers' compensation purposes, as permitted by law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Your health information is the property of DCNA. You have the following rights, however, regarding health information we maintain about you:

- Right to Inspect and Copy. With certain exceptions, you have the right to inspect and copy your health information for as long as we maintain that information.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the appropriate Medical Record Department of the DCNA entity that maintains your health information. A list of all DCNA record departments and their addresses is set forth at the end of this Notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. You may request an electronic or paper copy or your record. The copy or summary of your health information will be provided to you, usually within 30 days of your request. We may charge a reasonable cost based fee.

- Right to Request an Amendment or Addendum. If you believe that health information DCNA has about you is incorrect or incomplete, you may ask to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for DCNA.

To request an amendment, your request must be made in writing and submitted to the medical record department of DCNA. In addition, you must provide a reason that supports your request.

DCNA may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by DCNA medical staff or employees, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for DCNA;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
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- Right to an Accounting of Disclosure. You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of your health information. This right does not apply to disclosures made for purposes of treatment, payment, and health care operations or disclosures that are subject to certain restrictions, exceptions, and limitations imposed by law.

To request an accounting of disclosures, you must submit your request in writing to DCNA (WRMC) Privacy Officer, 3215 N. North Hills Blvd., Fayetteville, AR 72703. Your request must state a time period that may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. DCNA will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

We will ordinarily respond to your request for an accounting within 60 days. If we require additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date you can expect to receive the accounting.

- Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment performed at DCNA.

We are not required to agree to your request. If we do agree, our agreement must be in writing and we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to the DCNA (WRMC) Privacy Officer, 3215 N. North Hills Blvd., Fayetteville, AR 72703. In your request, you must tell us (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, for example, disclosures to your spouse.

- Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you can ask that we only contact you at home or by mail, or send to a different address or call an office phone.

To request more confidential communications, please make your request in writing to DCNA (WRMC) Privacy Officer, 3215 N. North Hills Blvd., Fayetteville, AR 72703. We will not ask you the reason for your request, and we will try to accommodate reasonable request. Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through the requested alternative method or location.

- Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this notice at our website, <http://www.dcnwa.com> or by writing DCNA (WRMC) Privacy Officer, 3215 N. North Hills Blvd., Fayetteville, AR 72703, telephone number 479-463-1000.

- Ask us to Limit What We Share. You can 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 or our operations. 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.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with DCNA or with the Secretary of the Department of Health and Human Services. To file a written complaint with DCNA, contact DCNA (WRMC) Privacy Officer, 3215 N. North Hills Blvd., Fayetteville, AR 72703, telephone number 479-463-1000.

You will not be penalized for filing a complaint.

File a Complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us using the following information:
 - Contact the DCNA (WRMC) Privacy Officer at 479-463-1000, or by letter addressed to DCNA (WRMC) Privacy Officer at 3215 N. North Hills Blvd., Fayetteville, AR 72703, or by e-mail to ekradel@wregional.com.
 - You can file a complaint with the U.S. Department of Health and Human Services Officer for Civil Rights by letter addressed to U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Ave., S.W., Washington, D.C. 20201, or by calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hippa/complaints/.
 - We will not retaliate against you for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to DCNA will be made only with your written authorization, giving us permission for such uses or disclosures. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time, by contacting DCNA (WRMC) Privacy Officer, 3215 N. North Hills Blvd., Fayetteville, AR 72703. If you revoke your permission we will no longer use or disclose health information about you for the reasons covered by your written authorization. DCNA is unable to take back any disclosures already made with your permission, and we will retain our records of the care that we provided to you as required by law.

When this Notice refers to “the System” , it is referring to DCNA (Dialysis Centers of Northwest Arkansas, LLC) and its affiliated entities, including, but not limited to: Northwest Arkansas Home Dialysis Clinic, North Hills Dialysis Center, Benton County Dialysis Center and Dialysis Center of Siloam Springs together with all DCNA employees, staff, medical, nursing and other health care students, persons or entities performing services for DCNA under agreements containing privacy protections or to which disclosure of health information is permitted by law. For certain activities,

North Hills Dialysis Clinic
107 E. Monte Painter Dr.
Fayetteville, AR 72703
Phone: (479) 463-7000
Fax: (479) 587-8421

Northwest Arkansas Home Dialysis Center
107 E. Monte Painter Dr.
Fayetteville, AR 72703
Phone: (479) 463-7000
Fax: (479) 587-8421

Benton County Dialysis Center
801 SE Plaza, Suite 1
Bentonville, AR 72712
Phone: (479) 273-7340
Fax: (479) 273-7086

Dialysis Center of Siloam Springs
2125 E. Main, Suite 11
Siloam Springs, AR 72761
Phone: (479) 524-5214
Fax: (479) 524-5218

