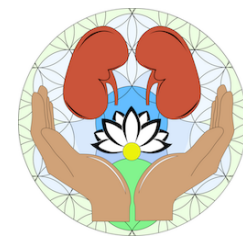


# COMPASSIONATE KIDNEY CARE INC.



## 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.

Compassionate Kidney Care is required to follow specific rules on maintaining the privacy and confidentiality of your protected health information (PHI), using your information and

disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI obtained from you or other health care providers, health plan, your employer, or a health care clearinghouse which relates to your past, present, or future physical or mental health or conditions to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by Law. PHI about you is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, email address, etc.), that may identify you and relates to your past, present or future physical and/or mental health condition and related health care services.

### Your Rights Under The Privacy Rule

**You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices** - we are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. Upon your request, we will provide you with a revised Notice of Privacy Practice if you call our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The Notice will also be posted in a conspicuous location within the practice, and is maintained by the practice on its website.

**You have the right to authorize other use and disclosure** - This means you have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, for most uses or disclosures of psychotherapy notes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**You have the right to request an alternative means of confidential communication** - This means you have the right to ask us to contact you about medical matters using an alternative method (i.e., email, telephone), and to a destination (i.e., cell phone number, alternative address, etc.) designated by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

**You have the right to inspect and copy your PHI** - This means you may inspect, and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for the paper or electronic copies as established by professional, state or federal guidelines. We will provide a copy or a summary of your health information, usually within 30 days of your request.

**You have the right to request a restriction of your PHI** - This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment or unless a law requires use to share that information. In certain cases, we may deny your request for restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or services that you, or someone on your behalf, have paid for in full, out of pocket. We are not permitted to deny this specific type of requested restriction.

**You have the right to request an amendment to your PHI** - This means you may request an amendment of your PHI for as long as we maintain this information if you feel PHI is incorrect or incomplete. In certain cases, we may deny your request.

**You have the right to request a disclosure accountability** - This means you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside of our office.

**You have the right to receive a privacy breach notice** - You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is warranted.

# COMPASSIONATE KIDNEY CARE INC.

If you have questions regarding your privacy rights, please feel free to contact our HIPAA Compliance Officer. Contact information provided under Privacy Complaints. Please feel free to discuss any questions with our staff.

## **How We May Use or Disclose Protected Health Information**

Following are examples of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe types of uses and disclosures.

**Treatment** - We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your PHI, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose PHI to other Healthcare Providers who may be involved in your care and treatment.

**Special Notices** - We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone, electronic, Patient Passport or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives and adjustments regarding your care. We may also contact you to provide information about health-related benefits and services offered by our office, for fund raising activities, or with respect to your group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special notices by your explicit written request.

**Payment** - Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits.

**Healthcare Operations** - We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

**Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services** - We may use and disclose PHI to contact you to remind you to schedule an appointment or remind you about a scheduled upcoming appointment for medical care, or to contact you to inform you about possible treatment options or alternatives or health related benefits and services that may be of interest to you. This practice provides Health Care and Educational Services that use Telehealth Platforms for telecommunication purposes including but not limited to evaluation by obtaining history/physical, review and interpretation of diagnostic laboratory and imaging, adjustment of therapy, health education and recommendation.

Video and/or audio files, images, output data from medical devices, and Patient Passport services may be recorded and stored in EHR for further evaluation, analysis and documentation/transcription purposes. These electronic services may incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures of safeguard that ensure its integrity against intentional or unintentional corruption or breach. In all these instances, your information will be kept private.

**Health Information Organization** - The practice may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment or healthcare operations.

**Research** - We may use and disclose your PHI for research purposes, but we will only do that if the research has been specifically approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research. For example, researchers may be permitted to look at PHI to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individuals.

**Health Oversight Activities** - We may disclose PHI to health overseeing agencies for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities necessary for the government to monitor health care system, government programs, and compliance with civil rights laws.

**Organ and Tissue Donation** - If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation - such as an organ donation bank - as necessary to facilitate organ or tissues donation and transplantation.

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**To Others Involved in Your Healthcare** - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person, that you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

**To Avert or report a Serious Threat to Health or Safety** - We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others or for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration for the purposes related to quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report spouse, partner or elderly abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We will disclose PHI to someone who may be able to help (1) prevent the threat; (2) prevent spread of disease; (3) report government authority if we believe patient has been the victim of abuse, neglect or domestic violence; or (4) if we are required or authorized by law to make that disclosure to appropriate government or local authority.

**Business Associates** - We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use a third party company to do our billing, or to provide transcription services for us. We may use third party companies to provide certain services such as Telehealth and communication platform vendors which are required to maintain PHI using software security protocols intuitive to their platforms. Due to the abnormally high recent breach in servers and softwares, Compassionate Kidney Care, Inc. cannot be directly held liable for such PHI breaches. All of our business associates are obligated to protect the privacy and ensure the security of your PHI.

**Lawsuits and Disputes** - If you are involved in lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protective the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.

**Other Permitted and Required Uses and Disclosures** - We are also permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law; for public health activities; health oversight activities; in case of abuse or neglect; to comply with Food and Drug Administration requirements; research purposes; legal proceedings; law enforcement purposes; coroners; funeral directors; organ donation; criminal activity; military activity; national security; worker's compensation; when an inmate in a correctional facility; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

**Shared Medical Appointments** - There may be shared medical or educational appointments where general information may be provided regarding health, disease process, dietary and physical education. These appointments may be conducted via Telehealth Platforms or in physical group settings. You have the right to opt out of notices and participation of such shared medical appointments by your explicit written request.

**Changes To This Notice** - We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future.

## Privacy Complaints

If you believe your privacy rights have been violated, you have the right to complain to us or directly to the Secretary of the Department of Health and Human Services.

To file a complaint with us, notify the HIPAA Compliance Officer of the practice at **7351 W. Oakland Park Blvd, Suite 105, Lauderhill, FL 33319** or by phone at **954-908-5992**. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation.

To file a complaint with the Secretary, mail complaint to Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (202) 619-0257 or toll free (877) 696-6775 or go to the website of the Office of Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/), for more information.

There will be no retaliation against you for filing a complaint.

# COMPASSIONATE KIDNEY CARE INC.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone.

Please sign the accompanying "Acknowledgement Form". Please note that by signing the Acknowledgement form you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.

Effective Date: 03/2018

Revised Date: 04/2020