# GLOBAL DIAYLSIS PLUS NOTICE OF PRIVACY PRACTICES

Effective Date: September 11, 2006

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

### **Privacy Promise**

Global Dialysis Plus understands that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

Our Privacy Responsibilities

Global Dialysis Plus is required by law to:

Maintain the privacy of your health information; Provide this notice that describes the ways we may use and share your health information; and Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in Global Dialysis facilities and on our website. You may also request a copy of any notice from the office.

#### How We Use Your Health Information

When you receive care from Global Dialysis Plus, we may use your health information for treating; you, billing for services, and conducting our normal business known as health care operations. Examples of how we use your information include:

Treatment- We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs. For example, your doctor may share your health information with a specialist who will assist in your treatment. Some death records, including some confidential communications with a mental health professional, some substance abuse treatment records, some genetic test results, and some health information of minors may have additional restrictions on the use and disclosure under state and federal laws.

Payment – We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment form you, your insurance company, or third party. We may also contact your insurance

company, or our third party. We may be used to obtain payment from you, your coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose information about the services provided to you to claim and obtain payment form your insurance company or Medicare.

Health Care Operation – We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve our communities. For example, we may use your health information to evaluate the quality of treatment and services provided by our physician, nurses, and other health care workers.

# **Sharing Your Health Information**

There are limited situations when we are permitted or required to disclose health information without your signed authorization.

### These situations are:

For public health purposes such as reporting communicable diseases, work-related illness, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reaction to drugs and problems with medical devices;

To protect victims of abuse, neglect, or domestic violence;

For health oversight activities such as investigations, audits, and inspections;

For lawsuits and similar proceedings;

When otherwise required by law;

When requested by law enforcement as required by law or court order;

To coroners, medical examiners, and funeral directors;

For organ and tissue donation;

For research approved by our review process under strict federal guidelines;

To reduce or prevent a serious threat to public health and safety;

For specialized government functions such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement. However, Global Dialysis may not be able to reverse the use or disclosure of your health information while your authorization was in effect.

#### YOUR INDIVIDUAL RIGHTS

You have the right to:

Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restrictions carefully but are not required to agree to any restriction;

Request that we use a specific telephone number or address to communicate with you;

- Request to inspect and copy your health information, including medical and billing records.
  - Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial;
- Request corrections or additions to your health information;
- Request an accounting of certain disclosures of your health information made by us. The operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. The first accounting is free but a fee will apply if more than one request is made in a 12-month period; and
- Request a paper copy of this notice even if you agree to receive it electronically.
- Requests marked with a star (\*) must be made in writing. Contact the Global Dialysis Privacy office for the appropriate form for your request

### **Our Organization**

This notice describes the privacy practices of Global Dialysis Plus.

Global Dialysis includes Board of directors, Governing Body, and other medical staff, as well as the Global Dialysis employees and volunteers at these facilities. This notice also describes the privacy practices of affiliated providers while they are performing services at Global Dialysis, unless they provide you with a notice of their specific privacy practices, affiliated providers are not employed by Global Dialysis but are either authorized to provide services to patients in a Global Dialysis Facility or are approved participants on the panel of Global Dialysis Plus.

#### More Information

## For more information about the practice and rights described in this notice:

Contact our Privacy Office at the phone number and address at the end of this notice; or Contact our Privacy Coordinator at the facility where you received care.

#### Contact Us

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, contact:

The Privacy Office at Global Dialysis Plus facility where you received care.

Global Dialysis Plus 12823 Capricorn Drive Stafford, TX 77477 Phone: (281) 980-0446

Fax: (281) 980-0468

E-mail: <u>info@global-dp.com</u>

We will investigate all complaints and will not penalize or treat you any differently for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

System Security-Global has taken reasonable steps and has employed industry-standard practices and technology to ensure the integrity – and confidentiality of personally identifiable information; but because even the most secure computer system can be violated, Global can not guarantee security.

HIPAA Requirements – Protected health information associated with Global Dialysis Plus is managed in accordance with HIPAA regulations. Accordingly, protected health information is not shared except as explained in the Notice of Privacy Practices above.