

Branson Nephrology / Branson Dialysis
101 Skaggs Road, Ste 301
Branson, Mo. 65616
417-334-8288

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I may refuse to sign this acknowledgement.

I have received a copy of Branson Dialysis, LLC, Notice of Privacy Practices.

Print Name of Patient

Patient Signature

Date

OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but it could not be obtained because of the following:

- € Patient Refused to Sign
- € Communication barriers prohibited obtaining acknowledgement
- € Emergency situation prevented us from obtaining acknowledgement
- € Other: _____

Staff Instructions:

1. All new patients receive the Notice of Privacy Practices on their first visit.
2. Verify the presence of the Acknowledgement Statement is in all office patient charts and if not present, reissue the Notice of Privacy Practices at the first available opportunity.
3. File the Acknowledgment Statement in the medical record with the patient demographic paperwork.

Branson Nephrology / Branson Dialysis
Notice of Privacy Practices
Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice, please contact our Privacy Officer, Julie Williams, at 417-334-8288.

WHAT THIS NOTICE EXPLAINS

This notice is intended to inform you about our practices related to the protection of the privacy of your medical records. Generally, we are required by law to ensure that medical information that identifies you is kept private, with some limitations and exceptions. Further, we must give you this information related to our legal duties and privacy practices with respect to any medical information we create or receive about you. We are required by law to follow the terms of this Notice.

WHAT WE WILL USE AND DISCLOSE

Branson Dialysis makes and keeps records of medical and billing information about our patients. While you are a patient of ours, we will use and disclosed your medical information to:

1. Provide treatment to you and keep a record of your medical care
2. Receive payment for the care and services we provide
3. Operate the facility or other health care services of our companies
4. Comply with the Federal and State laws.

WHO MUST FOLLOW OUR PRIVACY PRACTICES

- Any associate employed or contracted by us to be involved in your medical care
- Other health care professionals involved in your care or performing peer review, quality improvement, medical education, and auditing and other services for our facilities.
- Persons or companies performing services for our facilities under agreements containing privacy protections or to whom disclosure of medical information is permitted by law.
- Persons or companies with whom we participate in a managed care arrangement.

**PERMITTED USES AND DISCLOSURES OF
HEALTH INFORMATION ABOUT YOU**

For Treatment: To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, nurses, technicians, clerical staff or other who are involved in your care. For example, a surgeon may need to know if you have anemia prior to scheduling surgery because that condition could affect your surgery. We may also need to share health information about you to schedule tests and procedures that you need. If you need to be transferred from one physician or facility to another, then we will need to transfer medical information about you to your new

physician or facility. We may also disclosed medical information about you to people who may be involved in your medical care such as home health agencies or, other physicians or pharmacists.

For Payment: We may use and disclose health information about you to bill and collect for our services. For example, we may give your insurance company health information about you in order to obtain payment for our services.

For Health Care Operations: We may use and disclose health information about you in connection with running the facilities and our business. We can use information about you for things like peer review, quality improvement, risk management, and auditing.

We may disclose health information about you to other health care providers involved in your treatment to permit them to carry out their work or to get paid. For example, we may provide information about your treatment to a transportation company that brings you to the facilities so they can get paid for their services.

We may combine health information about many patients to decide what services we should offer. We may also use this combined health information to decide whether our services are cost-effective and how we compares with other dialysis facilities. Sometimes we may remove your name and other identifying information from this combined health information so other may use it to study health care and health care delivery without learning who you are.

Additionally, we may use and disclose medical information about you for the following health care operations:

- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs
- Protocol development, case management and care coordination
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision as well as training of non-health professionals.
- Accreditation, certification, licensing or credentialing activities
- Professional review and performance evaluation
- Individuals involved in your care or payment for you care: We may release medical information about you to a caregiver that may be a friend or family member. We may also give information to someone who helps pay for you care.
- As required by law: We will disclose health information about you when federal, state or local law requires it. For example, we must comply with abuse reporting laws and laws requiring us to report certain disease or injuries to government agencies.
- Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

- Health Services, Treatment Alternatives and Health-Related Benefits: We may use health information about you to contact you for the coordination of your care and to tell you about (1) Health-related products or services we offer (2) Other providers participating in health care networks in which we participate (3) Possible treatment options or alternatives (4) Health-related benefits or services that may be of interest to you (5) For appointment reminders (6) Patient directories: we may include certain limited information about you so your family, friends and clergy can visit you and generally know how you are doing.

Note: State and Federal Laws provide protection for certain types of sensitive health information, including information about alcohol or drug abuse treatment, mental health, and sexually-transmitted diseases, including AIDS/HIV, and may limit whether and how we may disclose information about you to others.

IMPORTANT NOTICE

We may share health information about you with your personal physician and other members of the medical staff of the facilities, other independent medical professionals, financial consultants and auditors in order to provide treatment and perform other activities such as peer review, quality improvement, medical education , auditing and other services for our facilities. We encourage those other professionals to follow this notice, but they are independent professionals who exercise independent medical judgment and decision-making. We are not responsible for their decisions, acts or omissions.

SPECIAL SITUATIONS FOR DISCLOSURE

Health Oversight Activities: We may disclose health information about you to a government agency for activities such as surveys, inspections and licensure of the facilities and of the providers who treat you. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release health information about you to the correctional institution or a law enforcement officer.

Lawsuits, Law Enforcement, Judicial and Administrative Proceedings: We may disclose health information about you to respond to a court or administrative order or a search warrant. We may disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute. However, we will make every effort to tell you about the request and ensure you have been provided the opportunity to object or to obtain an appropriate court order protecting the information requested. We may disclose information for law enforcement purposes.

Funeral Directors, Coroners and Medical Examiners: We may disclose health information about you to funeral directors, coroners or medical examiners so they may carry out their duties.

Minors: If you are a minor, we will comply with state law regarding minors and may release certain types of health information about you to your parent or guardian.

Military and Veterans: If you are a member of the US or foreign armed forces, we may release health information about you as required by the military.

Organ and Tissue Donation: If you are an organ donor, we may release health information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank. We will make such disclosure as necessary to aid in the organizations organ or tissue donation and transplantation process.

To Report Abuse, Neglect or Domestic Violence: We are allowed to notify government agencies if we believe a patient is a victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patients agree to the disclosure.

National Security & Specified Government Functions: We may disclose health information about you to federal officials for national security activities authorized by law or to authorized officials so they may provide protection to the president and other persons.

In the Event of Serious Threat to Health or Safety: We may disclose health information when we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public's safety.

Where there are Risks to the Public Health: We may disclose health information about you for public health purposes. Examples include:

- To prevent or control disease, injury or disability
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition
- To report medication reactions
- To report adverse events, product defects, track products or enable product recalls, repairs or replacements

For Worker's Compensation: When disclosure is necessary to comply with worker's compensation laws or purposes.

OTHER USES OF PATIENT HEALTH INFORMATION

We may make uses or disclosures of health information about you as described in the section of this Notice entitled Permitted Uses and Disclosures of Health Information

about You and Special Situations without your consent. We will not make any other uses or disclosures of health information about you unless you give us written permission. If you give us permission to use or disclose health information about you, then you may withdraw that permission at any time. You must withdraw the permission in writing. If you withdraw your permission, then we will no longer use or disclose health information about you for the reasons covered by your written authorization. However, the revocation will not affect actions we have already taken in reliance on your permission.

YOUR PRIVACY RIGHTS

Right to See and Right to Ask for a Copy:

You have the right to see or receive a copy of your medical and billing records. We have a form you can fill out to request to see or get a copy of the health information about you. If you make a request for a copy, we will notify you of the cost to reproduce the record.

We will tell you if we cannot fulfill your request. If we deny your request to see or copy the health information about you, you can ask us to reconsider. Dependent on the reason for the denial, we may ask a licensed health care professional to review your request and the denial. We will comply with this person's decision.

Right to change

If you feel health information about you that is in our records is incorrect or incomplete, you may ask to change the information. Your request to change must be in writing and you must provide a reason to support your requested change. We will tell you if we cannot fulfill your request.

Right to an Accounting of Disclosures.

You have the right to ask us for a list of some disclosures we have made of health information about you. You may ask for this list in writing. This list is not required to include the following;

- Disclosures for treatment, payment, or administrative purposes.

- Disclosures made up to 7 years prior to the date of request.

- Disclosures made to you.

- Disclosures you authorize.

- Some other disclosures.

The medical records coordinator listed below can help you with this process. You may get one list of disclosures in any year for free. We may charge a fee for additional lists. The medical records coordinator can tell you how much the list will cost.

Right to request Restrictions on Disclosure

You have the right to ask us to limit the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to ask us to limit the health

Information about you that we disclose to someone involved in your care, like a friend or family member, or the payment for your care.

If you want to ask us to make such a limitation, you must make your request in writing. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that are required by law. 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 adult children.

Right to Request Confidential Communications.

You have the right to ask us to communicate with you about medical matters in a certain way.

For example, you can ask that we contact you only at work or by mail. We will accommodate all reasonable requests. Your request must be in writing. Your request must specify how or where you wish to be contacted, but you do not need to tell us why. The Medical Records Supervisor listed below can help you with these requests if needed.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this notice at any time. You may obtain a paper copy of this Notice from the Business office by calling 417-334-8288.

_____ / /
Patient Signature Date

_____ / /
Witness Date