

Renal Associates, P.A.

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.

Renal Associates, P.A., ("RAPA") is required by law to maintain the privacy of your health information; to provide you this detailed Notice of RAPA's legal duties and privacy practices relating to your health information, and to abide by the terms of the Notice that are currently in effect. RAPA keeps a record of health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at the location that provides your care.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

To Provide Treatment. RAPA may use and disclose your health information to coordinate care within RAPA and disclose your health information to others involved in your care, such as your attending physician and other health care professionals who have agreed to assist RAPA in coordinating care. RAPA also may disclose your health care information to individuals outside of RAPA involved in your care including your primary family caregiver, pharmacists, suppliers of medical equipment, or other health care professionals.

To Obtain Payment. RAPA may use and disclose your health information for billing and payment purposes or for the billing and payment needs of other health care providers. For example, RAPA may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or RAPA. RAPA also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

To Conduct Health Care Operations. RAPA may use and disclose health information for its own operations to facilitate the function of RAPA and as necessary to provide quality care to all of RAPA's patients. Health care operations include such activities as quality improvement, cost containment, case management activities, performance evaluation, training of employees and students, accreditation, auditing and business planning. RAPA also may disclose your health information for certain operations purposes of other covered entities, such as for compliance and quality assurance purposes.

SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

For Appointment Reminders. RAPA may use and disclose your health information when we contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives. Subject to certain limitations, RAPA may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

When Legally Required. RAPA may disclose your health information when it is required to do so by any federal, State or local law.

To Individuals Involved in Your Care. Unless you object, RAPA may disclose your health information to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.

To Business Associates. RAPA's business associates are individuals and organizations that carry out functions or activities on RAPA's behalf that involve health information. RAPA may disclose your health information to a business associate who needs the information to perform services for or on behalf of RAPA. RAPA's business associates have agreed to preserve the confidentiality of this information.

Public Health Activities. RAPA may disclose your health information for public health activities in order to prevent or control disease, report disease or death, or report adverse events with products or medication, for example.

To Report Abuse, Neglect, or Domestic Violence. If RAPA believes that you have been a victim of abuse, neglect or domestic violence, RAPA may use and disclose your health information to notify a government authority if authorized by law or if you agree to the report.

To Conduct Health Oversight Activities. RAPA may disclose your health information to a health oversight RAPA for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action and for activities involving government oversight of the health care system.

In Connection With Judicial and Administrative Proceedings. RAPA may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as

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expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only if certain conditions are met.

For Law Enforcement Purposes. RAPA may disclose your health information to a law enforcement official for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to respond to certain requests for information concerning crimes.

To Coroners and Medical Examiners. RAPA may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors. RAPA may disclose your health information to funeral directors, consistent with applicable law, as necessary, to carry out their duties with respect to your funeral arrangements.

For Organ, Eye or Tissue Donation. When directed, RAPA may use and disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes. RAPA may, under very select circumstances, use and disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

To Avert a Serious Threat to Health or Safety. When necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of the public or another person, RAPA may use and disclose your health information, limiting disclosures to a person or persons reasonable able to help lessen or prevent the threaten.

For Specialized Government Functions. If you are a member of the armed forces, RAPA may use and disclose your health information as required by military command authorities. RAPA may disclose your health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

Disaster Relief. RAPA may disclose limited health information about you to a disaster relief organization.

In Connection with Law Enforcement Custody. If you are under the custody of a law enforcement official or a correctional institution, RAPA may disclose your health information to the institution or official for certain purposes including the health and safety of you and others.

For Worker's Compensation. RAPA may use and disclose your health information to comply with laws relating to worker's compensation or similar programs.

For Healthcare Information Exchange. If you give consent, the participating providers you approve may access ALL of your electronic health information available thru your insurance carriers HIE. This includes information created before and after the date signed on the Authorization and Consents form. Your health records may include a history of illnesses or injuries you have had, test results, and list of medications. This information may relate to sensitive health conditions, including but not limited to: alcohol or drug use problems, birth control and abortion, genetic disease or tests, mental health conditions, HIV/AIDS, sexually transmitted diseases. You may withdraw consent at any time by signing a Withdraw Consent Form for submission to the practice office manager.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Other than as stated above, RAPA will not use or disclose your health information without your written authorization. Unless otherwise stated, releases are valid for only six months. If you or your representative authorizes RAPA to use or disclose your health information, you may revoke that authorization in writing at any time. If you revoke an Authorization, RAPA will no longer use or disclose your health information for the purposes covered by that Authorization, except where RAPA has already relied on the Authorization.

BREACH NOTIFICATION

RAPA will notify you and the Department of Health and Human Services of any unauthorized acquisition, access, use, or disclosure of your unsecured medical information that presents a significant risk of financial, reputational, or other harm to you to the extent required by law. Unsecured medical information means medical information not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You also have the right to request restrictions on health information we disclose about you to a family member, friend or other person who is involved in your care or payment for your care. RAPA is not required to agree to your request (except that if you

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are mentally competent, you may restrict disclosures to family members or friends). If we do agree to accept your requested restriction, we can stop complying with the restriction upon providing notice to you. However, if you paid out-of-pocket in full for services and do not want us to disclose to your health plan information about the services for purposes of payment or health care operations, we must comply with your request. If you wish to make a request for restrictions, please contact the administrator/manager/supervisor of RAPA. You may send your written request through the professional that admitted you to RAPA or you may mail the request.

Right to receive confidential communications. You have the right to request that RAPA communicate with you in a certain way. For example, you may ask that RAPA only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact, in writing, the administrator/manager of RAPA. RAPA will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications. You may send your written request through the professional that admitted you to RAPA or you may mail the request.

Right to inspect and copy your health information. You have the right to inspect and obtain a copy of your health information, including billing records and other written information that may be used to make decisions about your care, subject to some exceptions. A request to inspect and copy records containing your health information may be made in writing to the administrator/manager/supervisor of RAPA. If you request a copy of your health information, RAPA may charge a reasonable fee, consistent with applicable law, for our costs in responding to your request. You may send your written request through the professional that admitted you to RAPA or you may mail the request. To the extent RAPA maintains an electronic health record with respect to your health information, you have the right to receive an electronic copy of such information and to direct us to transmit an electronic copy directly to a third party designated by you. We may charge a fee, consistent with applicable law, for our labor costs, in responding to your request.

Right to request amendment of your health care information. You have the right to request that RAPA amend your records if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by RAPA. A request for an amendment of records must be made in writing to the administrator or branch manager and must state the reason for the request. RAPA may deny the request if the information (a) was not created by RAPA, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for RAPA; (c) is not part of the health information which you are permitted to inspect and copy; or (d) is already accurate and complete, as determined by RAPA. You may send your written request through the professional that admitted you to RAPA or you may mail the request.

Right to an accounting. You have the right to request an accounting of certain disclosures of your health information. An accounting is a listing of disclosures made by RAPA or by others on RAPA's behalf, but does not include disclosures for treatment, payment or health care operations, disclosures made pursuant to your Authorization, and certain other exceptions. The request for an accounting must be made in writing to the administrator or branch manager. Accounting requests may not be made for periods of time in excess of six (6) years. The first accounting provided within a 12-month period will be free. For further accounting requests, RAPA may charge a reasonable cost-based fee. You may send your written request through the professional that admitted you to RAPA or you may mail the request.

Right to a paper copy of this Notice. You have the right to a separate paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please request a copy from your care provider.

CHANGES TO THIS NOTICE

RAPA reserves the right to change the terms of this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by RAPA as well as for all health information RAPA receives in the future. RAPA will provide a copy of the revised Notice upon request.

FOR FURTHER INFORMATION OR TO FILE A COMPLAINT

You have the right to express complaints to RAPA and to the Office for Civil Rights in the U.S. Department of Health and Human Services ("OCR") if you believe that your privacy rights have been violated. Any complaints to RAPA should be made in writing to the Privacy Officer at the address below. RAPA encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. RAPA has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. Complaints against RAPA can be mailed to David Arrieta, CEO, Privacy Officer; Renal Associates, P.A.; 16620 US Hwy 281 North, Suite 300; San Antonio, TX 78260. To file a complaint with OCR, send your written complaint by mail to Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or by email to OCRComplaint@hhs.gov. If you have any questions regarding this Notice, please call the Renal Associates, P.A., Privacy Officer at 1.210.614.1231.

This Notice is effective August 10, 2015.