

RENAL CARE ASSOCIATES, S.C.
NOTICE OF PRIVACY PRACTICE

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA), as amended by The Health Information Technology for Economic and Clinical Health (HITECH) Act. This Notice of Privacy Practices describes how RenalCare Associates, S.C. may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and obtain copies of your protected health information, including an electronic copy. Your “protected health information” means any written and oral health information about you including demographic data that can be used to identify you. This is health information that is created or received by your health care provider that relates to your past, present, or future physical or mental health or condition.

A. HOW RCA MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

Federal law requires RenalCare Associates, S.C. to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. RenalCare Associates, S.C. must abide by the terms and conditions of this Notice of Privacy Practices, and RenalCare Associates, S.C. may revise this Notice of Privacy Practices from time to time.

1. USES OR DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

RenalCare Associates, S.C. may use your individually identifiable health information for treatment, payment, and health care operations. Your protected health information may be used or disclosed only for these purposes unless RenalCare Associates, S.C. has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Notice of Privacy Practices may be made in writing, orally, by facsimile and electronically. Examples of treatment, payment, and health care operations include:

“Treatment” could include consulting with or referring your case to another health care provider. The type of health information that RenalCare Associates, S.C. could use or disclose includes, but is not limited to, such health conditions as blood type, diagnosis of your condition, or pregnancy status. RenalCare Associates, S.C. may use or disclose your individually identifiable health information for its own provision of treatment or may disclose such information for the treatment activities of another health care provider.

“Payment” could include RenalCare Associates, S.C.’s efforts to obtain reimbursement from you or a responsible third party for services that RenalCare Associates, S.C. has provided to you. RenalCare Associates, S.C. may use or disclose your individually identifiable information for its own payment or for the payment activities of another health care provider or health plan or health care clearinghouse.

“Health care operations” could include activities such as quality assessment and improvement activities and audits of the process of billing you or a third party for health care services RenalCare Associates, S.C. provides to you. As part of RenalCare Associates, S.C.’s treatment of you and operation of a health care organization, RenalCare Associates, S.C. may contact you, by phone or by mail, to provide appointment reminders or to provide information about treatment alternatives or other health-related services that may be of interest to you. RCA may use or disclose your individually identifiable health information for its own health care operations or for limited health care operations of a health plan, health care clearinghouse, or health care provider that is subject to certain federal health information privacy laws. The entity that receives this information must have or have had a treatment relationship with you and the information RenalCare Associates, S.C. discloses must pertain to that relationship. Limited health care operations include various quality assessment and improvement activities, training activities, and health care fraud and abuse detection or compliance activities.

Other Uses and Disclosures? As part of treatment, payment, and health care operations, RenalCare Associates, S.C. may also use or disclose your protected health information for the following purposes: to remind you of your appointment date, to inform you of potential treatment alternatives or options, and to inform you of health-related benefits or services that may be of interest to you.

2. USES OR DISCLOSURES RCA MAY MAKE WITHOUT YOUR AUTHORIZATION

In addition to treatment, payment, and health care operations, and unless this Notice of Privacy Practices recites a more stringent restriction in Section C, the law permits or requires RenalCare Associates, S.C. to make, use, and/or disclose individually identifiable health information without your written authorization: (a) for certain public health activities and purposes, including reporting of adverse product events to the Food and Drug Administration, (b) to report suspected abuse, neglect, or domestic violence, (c) to submit information to health oversight agencies for oversight activities, such as audits, authorized by law, (d) in the course of judicial and administrative proceedings, (e) for law enforcement purposes, (f) to a medical examiner, coroner, or funeral director, (g) to assist an organ procurement organization or organ bank in facilitating organ or tissue donation and transplantation, (h) to further research, provided that RenalCare Associates, S.C. complies with federal requirements, (i) to avert a serious and imminent threat to public health safety, (j) for specialized government functions, including activities related to the military, veterans, or national security, (l) to comply with workers’ compensation or similar laws. RenalCare Associates, S.C. will use or disclose the above information in accordance with applicable law.

In addition, RenalCare Associates, S.C. may use and/or disclose your individually identifiable health information as follows:

Business associates - There are some services provided by RenalCare Associates, S.C. through contracts with business associates which are vendors, professionals, and others who perform some payment or health care operations functions on behalf of RenalCare Associates, S.C. or who otherwise provide services and have access to, create, receive, maintain or transmit your protected health information. Examples include a third-party billing entity, a practice management company, or an IT consultant. When these services are contracted, RenalCare Associates, S.C. may disclose your protected health information to our business associate so that they can perform the job RenalCare Associates, S.C. asked them to do and bill you or your third-party payer for services rendered. To protect your protected health information, however, RenalCare Associates, S.C. requires the business associate to appropriately safeguard your information by requiring that they

enter into an appropriate written agreement with RenalCare Associates, S.C. that obligates the business associate to comply with the HIPAA Privacy and Security Rules.

Notification - Unless you object, when undergoing procedures at RenalCare Associates, S.C., Workforce members, using their best judgment, may use or disclose information to notify or assist in notifying a family member, personal representative, or any person responsible for your care of your general condition. If you are unable to object, RenalCare Associates, S.C. Workforce members may exercise their professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.

Communication with family - Unless you object, health professionals, using their best judgment, may use or disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unable to object, RenalCare Associates, S.C. Workforce members may exercise their professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your health care.

Incidental Uses and Disclosures - RenalCare Associates, S.C. is permitted to use and disclose information incident to another use or disclosure of your protected health information permitted or required under law.

Limited Data Sets - RenalCare Associates, S.C. may use or disclose a limited data set (i.e., in which certain identifying information has been removed) of your protected health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

Electronic Disclosures: RenalCare Associates, S.C. may use and disclose your protected health information electronically. For example, if another provider requests a copy of your medical record for treatment purposes, we may forward such record electronically to your provider.

3. **MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION**

In certain cases, Illinois law provides more stringent privacy protections of your health information than this Notice of Privacy Practices recites above. For example, in some cases, Illinois requires that you provide permission for the use or disclosure of your individually identifiable health information. In those cases, RenalCare Associates, S.C. must follow the state law even though certain federal health information privacy laws may not require permission. State law provides more stringent protection in the following areas:

If you are a patient of a physician or other health care provider, either you or your guardian may waive your right to the privacy and confidentiality of your individually identifiable health information. However, if you refuse to do so, the physician or other health care provider may not deny services to you.

If you are a patient of a physician, RenalCare Associates, S.C. may not reveal your medical records to the Medical Disciplinary Board without your written permission in instances in which your treatment is a subject of a report relating to a physician's professional conduct or capacity, including reports regarding a physician who is impaired by reason of age, drug or alcohol abuse, or physical or mental impairment. However, please note that RenalCare Associates, S.C. may include your name or other means of identifying you in its reports to the Medical Disciplinary Board without your permission and may release such information as this Notice of Privacy Practices may

otherwise describe. RenalCare Associates, S.C. may also provide copies of your medical records in cases involving your death or permanent bodily injury, provided that the law requires RenalCare Associates, S.C. to report such events to the Department of Professional Regulation, and the Department of Professional Regulation or the Medical Disciplinary Board has subpoenaed such records.

If you are a patient of a physician, the physician may not disclose any information that he or she may have acquired while attending to you in a professional capacity that was necessary to enable him or her to professionally serve you, without your permission, or in the case of your death or disability, without the permission of your personal representative, except that the physician may disclose such information for certain proceedings.

If you are a patient with high blood pressure, your physician may not release your medical records to the Illinois High Blood Pressure Registry without your written permission.

If you are a patient of an advanced practice nurse, neither RenalCare Associates, S.C. nor the nurse may reveal your medical records to the Advanced Practice Nursing Board or the Department of Professional Regulation without your written permission in instances in which (a) the Advanced Practice Nursing Board has taken a final adverse action against the nurse, (b) the nurse has surrendered his or her license while under disciplinary investigation by the Advanced Practice Nursing Board, or (c) RenalCare Associates, S.C. has terminated or restricted the nurse's organized professional staff clinical privileges for disciplinary violations related to your treatment. However, please note that the nurse or RenalCare Associates, S.C. may reveal your name or other means of identifying you as a patient without your written permission and may release such information as otherwise described in this Notice of Privacy Practices.

If you are or have been a recipient of an HIV test, RenalCare Associates, S.C. may only disclose your test results in a manner which identifies you to those persons you (or your legally authorized representative) have designated in writing, except that RenalCare Associates, S.C. may disclose your test results to you or your legally authorized representative or to certain person(s) for certain reasons listed under Section I.B. of this Notice. Please note that a recipient of your test results may not re-disclose this information except as this Notice of Privacy Practices may describe.

If you are or have been a recipient of genetic testing, RenalCare Associates, S.C. may only disclose the genetic testing and information derived from genetic testing to you and to those persons you (or your legally authorized representative) have designated in writing to receive that information, except that RenalCare Associates, S.C. may disclose the results of your genetic test to (a) you or your legally authorized representative; (b) persons for certain reasons listed under Section I.B. of this Notice; and (c) your parent or legal guardian if you are a minor under 18 years of age if, in the professional judgment of your health care provider, notification would be in your best interest and your health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if your health care provider believes that you have not provided notification to your parent or legal guardian as you had previously agreed. Further, a recipient of your test results may not re-disclose this information except as the Genetic Information Privacy Act may otherwise allow. The law defines "genetic testing" as "a test of a person's genes, gene product, or chromosomes for abnormalities or deficiencies, including carrier status, that (a) are linked to physical or mental disorders or impairments, (b) indicate a susceptibility to illness, disease, impairment, or other disorders, whether physical or mental, or (c) demonstrate genetic or chromosomal damage due to environmental factors." "Genetic testing" does not include routine physical measurements; chemical, blood and urine analyses that the medical community widely accepts as standard use in clinical practice; tests for use of drugs; and tests for the presence of the

human immunodeficiency virus. This paragraph does not apply to results of genetic testing that indicate that you are, at the time of the test, afflicted with a disease, whether or not currently symptomatic.

If you are a minor under 18 years of age who is the recipient of genetic testing, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. However, please note that the health care provider may disclose such information to your parent or legal guardian if, in the professional judgment of the health care provider, notification would be in your best interest and the health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or the health care provider has reason to believe that you have not made the notification as you had previously agreed.

If you are a minor under 18 years of age who is the recipient of an HIV test, and a Western Blot Assay, or a more reliable test has confirmed that your results are positive, the health care provider who ordered the test may not notify your parent or legal guardian of your test results without your written permission. However, please note that the health care provider may disclose such information to your parent or legal guardian if, in the professional judgment of the health care provider, notification would be in your best interest and the health care provider has first sought unsuccessfully to persuade you to notify your parent or legal guardian, or if the health care provider believes that you have not provided notification to your parent or legal guardian as you had previously agreed.

NOTE: References in this Notice of Privacy Practices to health care professionals include only those professionals that employees of RenalCare Associates, S.C.

4. MARKETING

RenalCare Associates, S.C. will need your written authorization to use and disclose your protected health information for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. "Marketing" includes a communication about a product or service that encourages you to purchase or use the product or service. It also includes an arrangement whereby RenalCare Associates, S.C. discloses your protected health information to another entity, in exchange for compensation, and the other entity communicates about its own product or service to encourage purchase or use of that product or service. Marketing does not include RenalCare Associates, S.C. describing a health-related product or service (or payment for such product or service) that RenalCare Associates, S.C. provides. Marketing also does not include our communication for your treatment, or to direct or recommend to you alternative treatments, therapies, health care providers, or settings of care.

5. SALE OF YOUR PROTECTED HEALTH INFORMATION

RenalCare Associates, S.C. will not sell your protected health information for marketing purposes. However, there are instances in which we will sell your protected health information. For example, should RenalCare Associates, S.C., merge or the practice be sold to another physician group, your medical records may be part of that asset transfer.

6. NO OTHER USES OR DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

RenalCare Associates, S.C. may not make any other uses and disclosures of your individually identifiable health information without your written authorization. You may revoke your authorization at any time if you provide written notice to RenalCare Associates, S.C.

B. YOUR RIGHTS

Federal and state law protects your right to keep your individually identifiable health information private.

Your Right to Receive Confidential Communications and to Request Restriction -You may request that you receive communications from RenalCare Associates, S.C. regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the office listed below. RenalCare Associates, S.C. reserves the right to condition your request on the receipt of information regarding how you desire RenalCare Associates, S.C. to handle payment and/or on the availability of an alternative address or method of contact that you may request. You may request other restrictions on certain uses and disclosures of protected health information for purposes of treatment, payment, and health care operations; however, the law does not require RenalCare Associates, S.C. to agree to the requested restrictions unless the restriction request is a reasonable restriction on communication and when the request pertains solely to a healthcare item or service for which the patient has been paid out of pocket in full and: (a) the restriction pertains to payment or a healthcare operation and (b) the disclosure is not otherwise required by law. RenalCare Associates, S.C. will notify you if your request for a restriction is denied. If the facility does agree to the requested restriction, RenalCare Associates, S.C. may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, RenalCare Associates, S.C. may terminate the agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

Your Right to Inspect and Copy -You generally have the right to inspect and obtain a copy of any protected health information in your medical record, including an electronic copy, with the exception of psychotherapy notes, information compiled in anticipation of use in a civil, criminal, or administrative proceeding and certain other health information which the law restricts RenalCare Associates, S.C. from disseminating. However, if you are a patient of certain types of providers or facilities, you may have a right to access your patient records or information on an unqualified basis. Specifically, the following:

If you are a patient of a physician, you have the right to access your medical data on an unqualified basis upon request.

Your Right to Amend - You also have the right to amend your individually identifiable health information, unless RenalCare Associates, S.C. did not create such information or unless RenalCare Associates, S.C. determines that your medical record is accurate and complete in its existing form. If RenalCare Associates, S.C. denies your request for amendment, you have the right to file a statement of disagreement with RenalCare Associates, S.C. Requests for amendment must be in writing and must be directed to the Privacy Officer. In this written request, you must also provide a reason to support the requested amendments. A written rebuttal to your statement will be provided to you.

Your Right to an Accounting -You have the right to request and receive an accounting of disclosures of your individually identifiable health information that RenalCare Associates, S.C. has made in either the six (6) years prior to the request date or during the period between the request

date and the date that federal law required RenalCare Associates, S.C. to comply with federal privacy regulations, whichever is more recent. Such an accounting may not include disclosures made to carry out treatment, payment, or health care operations, or to notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, to inform you of the content of your medical records, or those disclosures which you have previously authorized pursuant to a validly executed authorization form or certain other disclosures RenalCare Associates, S.C. is permitted to make without your authorization. The request must be in writing to the Privacy Officer.

Right to Receive a Copy of this Document. You have the right to receive a copy of this document upon request, in paper or electronically.

If you would like more information on how to exercise these rights, please contact RenalCare Associates, S.C.'s Privacy Officer at (309) 676-8123.

C. GRIEVANCES OR FURTHER INQUIRIES

If you believe that RenalCare Associates, S.C. has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with RenalCare Associates, S.C. and the Department of Health and Human Services. To file a complaint with RenalCare Associates, S.C., please contact the Privacy Officer at (309) 676-8123 or via email at Compliance@renalcareassoc.com. RenalCare Associates, S.C. will not retaliate against you for filing a complaint. You may also contact the above office for a copy of this Notice of Privacy Practices or for further information regarding its contents.

D. AMENDMENTS

RenalCare Associates, S.C. reserves the right to amend the terms of this Notice of Privacy Practices at any time and to apply the revised Notice of Privacy Practices to all individually identifiable health information that it maintains. If RenalCare Associates, S.C. amends this Notice of Privacy Practices, a copy of the amended Notice of Privacy Practice will be posted in our offices and on our website.

This Notice of Privacy Practices is effective on November 11, 2024.