

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.

The terms of this Notice of Privacy Practices apply to:

Community Dialysis Center

The Center for Dialysis Care at Heather Hill

Centers for Dialysis Care, Inc.

Community Dialysis Center – Westside

Nephrology Associates of Cleveland, Ltd.

ARC/CDC, Ltd.

ARM/CDC, Ltd.

Center for Dialysis Care, Home Care, Ltd.

Physician Medical Staff providing services at the dialysis facilities

operating as an organized health care arrangement (collectively “CDC”). The members of this organized health care arrangement work and practice at the facilities listed at the end of this Notice. All of the entities and persons listed will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law. This Notice refers to CDC by using the terms “us”, “we” or “our.”

For purposes of this notice, “protected health information” has the same meaning as the term protected health information in the federal privacy regulations, and basically means health information that relates to (i) your past, present, or future physical or mental health condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you.

CDC uses protected health information about you for your treatment, to obtain payment for treatment, for our administrative health care operations and for other purposes. We understand that information about you and your health is personal, and we are committed to protecting this information. CDC is required by law to maintain the privacy of patients’ protected health information, to notify you if there is a breach of your protected health information, and to provide patients with notice of its legal obligations and privacy practices.

This notice describes how we may use and disclose your protected health information and your rights regarding your protected health information. CDC is required by law to abide by the terms of this notice for as long as it is in place. We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information we maintain. You may get a copy of any revised notices at the facility where you receive your health care or by mailing a request to the Facility Manager (“FM”) at the facility where you receive your health care at the address listed at the end of this Notice.

***This Notice of Privacy Practices is Effective September 23, 2013.***

*How CDC May Use or Disclose Your Protected Health Information*

We use and disclose protected health information for many reasons. Under Federal law, we have the right to use and/or disclose your protected health information as described in this Notice without your prior consent or authorization. However, when necessary we will ask for your permission for disclosures of your health information to third parties in order to comply with more stringent requirements under Ohio or other Federal laws.

The following tells about how we may use and disclose your protected health information:

***Uses and Disclosures for Treatment, Payment and Health Care Operations:***

*For Treatment:* We will use and disclose your protected health information to provide, coordinate or manage your health care and related services. For example, information provided to a nurse will be disclosed to the treating physician so that the physician may better treat you. Health care providers will also record actions taken by them in the course of your treatment and note how you responded to the treatment. This information may be disclosed to other healthcare providers who give you treatment or evaluation and to outside healthcare providers that do things like lab work or x-rays.

*For Payment:* We may use or disclose your protected health information to others to bill and collect payment for your health care services. For example, a bill containing protected health information may be sent to an insurance company or to a federal health care program such as Medicare.

*Health Care Operations:* We may use or disclose your protected health information for operational purposes. For example, we may announce your name at the reception area so that the patient care staff will know you have arrived for your treatment. If you do not want your name announced you must notify the FM in writing at the address listed at the end of this Notice. In addition, we may use your information to evaluate the performance of our staff, assess the quality of our care, assess outcomes in your case and similar cases, and learn how to improve our facilities and services.

*Appointment Reminders; Discussion of Dialysis Care and Treatment Alternatives:* We may use or disclose your protected health information to reschedule treatments, follow-up on missed treatments or discuss your dialysis treatment. We may use or disclose your protected health information to tell you about treatment alternatives or other health-related benefits and services that may be beneficial.

Uses and Disclosures Required or Permitted by Law:

*Required by Law:* We may use or disclose your protected health information as required by law.

*Public Health:* We may use or disclose your protected health information for public health activities such as reporting disease, injuries, births and deaths to public health authorities or other legal authorities; for required public health investigations; to report to the Food and Drug Administration adverse events, product defects, or to participate in product recalls; and to your employer if we have provided health care to you at your employer’s request.

*Victims of Abuse, Neglect or Domestic Violence:* We may use or disclose your protected health information for reporting suspected child abuse or neglect; or if you may be a victim of abuse, neglect, or domestic violence.

*Judicial and Administrative Proceedings:* We may use or disclose your protected health information pursuant to a court or administrative ordered subpoena or discovery request.

*Health Oversight Activities:* We may use or disclose your protected health information for government health oversight activities such as the conducting of audits or investigations or for civil or criminal proceedings.

*Health and Safety:* We may use or disclose your protected health information to avert a serious threat to the health or safety of you or any other person.

*Law Enforcement Purposes:* We may use or disclose your protected health information to report wounds, injuries and crimes to law enforcement officials.

*Upon Death, Funeral Directors and Coroners:* We may disclose your protected health information to funeral directors or coroners to enable them to carry out their lawful duties.

*Organ or Tissue Donation or Transplant:* We may use or disclose your protected health information for arrangement of an organ or tissue donation from you or a transplant for you.

*Research:* We may use your protected health information for research purposes when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information and waived the requirement to obtain your authorization.

*Government Functions:* We may use or disclose your protected health information for specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

*Workers’ Compensation:* We may use or disclose your protected health information in order to comply with the laws, regulations and requirements related to workers’ compensation.

***Uses and Disclosures of Health Information Requiring Us to Give You an Opportunity to Object:***

*Others Involved in Your Health Care:* Unless you object, we may use or disclose your protected health information to a member of your family, a relative, a close friend or any other person you identify if that information directly relates to that person’s involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine it to be in your best interest based on our professional judgment. We may use or disclose your information to notify or assist in notifying a family member, personal representative or any other person responsible for your care of your location, general condition or death. In some cases, CDC may also disclose your protected health information to parties involved in disaster relief to help them find your family member or other persons involved in your care or paying for your care.

***Business Associates:***

As part of the services CDC provides, it sometimes seeks the help of outside persons or businesses. For example, we may use third parties to perform billing and collection services for us and they may be provided access to your protected health information in order to provide those services. We also may disclose your protected health information to advisors, including attorneys, accountants and other consultants to perform audits, advise us on operational issues, or to assist in strategic or other planning and evaluation activities. Before we give out any protected health information to these outside parties, we require them to protect the privacy of your information.

***Authorization:***

For uses and disclosures other than for treatment, payment and health care operations, and described other places in this Notice, we are required to have your written authorization. For example, your written authorization is required for most uses and disclosures of psychotherapy notes, most uses and disclosures for marketing, and disclosures that constitute a sale. You have the right to revoke an authorization at any time except that it will not apply to actions we have already taken by relying on the authorization. Your request to revoke an authorization must be in writing and must be given or mailed to the FM at the facility where you received your health care at the address listed at the end of this Notice.

***Your Health Information Rights***

*Right to Inspect and Copy Your Protected Health Information:* You may inspect and get a copy of your protected health information for as long as we retain the information. CDC has the right to charge its reasonable costs for copying and for postage. Your right to obtain and copy protected health information may be limited. For example, you may not inspect or copy notes from psychotherapy sessions or information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding. Your request must be in writing and must be given or mailed to the FM at the facility where you received your health care at the address listed at the end of this Notice. You can get a form for making the request from the FM.

*To Request a Restriction on Certain Uses and Disclosures of Your Health Information:* You may request restrictions on certain uses and disclosures of your protected health information for the purposes of treatment, payment or health care operations. CDC may not be able to agree to your request but will review it and if it considers it appropriate allow the restriction. CDC must approve your request if you ask us not to give your health plan information related to services you paid us for out of pocket in full. CDC may stop the restriction at any time by giving you written notice. Your request must be in writing and must be given or mailed to the FM where you received your health care at the address listed at the end of this Notice. You can get a form for making the request from the FM. Your request must specifically describe what information you would like to restrict and to whom you would like the restriction to apply.

*To Request to Receive Confidential Communications by a Different Means or at a Different Location:* You have the right to ask and we will allow reasonable requests to receive communications about your protected health information from us in a different way or at a different place. This request may be conditioned on the receipt of additional payment information or clarification. Your request must be in writing and must be given or mailed to the FM at the facility where you received your health care at the address listed at the end of this Notice. You can get a form for making the request from the FM. Unless you ask us in writing to do it differently, we will leave messages at the phone number which we have listed for you, and we will send information related to your care to the address which we have listed for you.

*To Amend your Protected Health Information as Provided:* If you believe your protected health information is not correct or is incomplete, you may ask us in writing to change it. Your request needs to say why you believe the information is not correct or is incomplete. If we do not agree to change your information, we will give you a reason for our denial of your request, and you can disagree. Your request must be in writing and must be given or mailed to the FM at the facility where you received your health care at the address listed at the end of this Notice. You can get a form for making the request from the FM.

*Right to Receive Notice:* You have the right to receive a copy of this Notice on paper even if you have requested the Notice by e-mail or in some other electronic transmission. You can ask for a copy of this Notice from the facility social worker, patient service representative or medical secretary.

*To Receive an Accounting of Certain Uses and Disclosures of your Protected Health Information:* You have a right to get an accounting of certain disclosures CDC makes of your protected health information during the six years prior to the date of your request. To get this accounting, you must sign and fill out a written accounting request form that you can get from the FM. Your request must be given or mailed to the FM at the facility where you received your health care at the address listed at the end of this Notice. It will not cost you anything for one accounting in a 12-month period, but for each accounting after one in a 12-month period, CDC will charge you a reasonable cost-based fee.

***Complaints***

If you believe your privacy rights have been violated, you can file a complaint with CDC’s privacy officer by utilizing the Privacy Complaint Form (CF1.21(a)). You can get the complaint form from the FM at the facility where you received your health care at the address listed at the end of this Notice. CDC will review your complaint and respond to you. You may also file a complaint with the Department of Health and Human Services in writing within 180 days of a violation of your rights at Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL, 60601. You will not be retaliated against for filing a complaint.

***Acknowledgment of Receipt of Notice****.* You will be asked to sign an acknowledgment that you received this Notice of Privacy Practices.

**FOR FURTHER INFORMATION**

If you have any questions about this Notice, you can talk to CDC Privacy Officer located at:

(216) 295-7003, ext. 249.

CDC FACILITIES:

CDC of Beachwood

37350 Cedar Road

Beachwood, Ohio 44122

(216) 378-1580

CDC at Jefferson Geriatric & Rehab.

222 East Beech Street

Jefferson, Ohio 44047

(440) 576-7160

CDC of Canfield

3695 Stutz Drive

Canfield, Ohio 44406

(330) 702-3040

CDC of Mentor

8900 Tyler Blvd.

Mentor, Ohio 44060

(440) 951-3602

CDC at Cityview Nursing & Rehab.

6606 Carnegie Avenue

Cleveland, Ohio 44103

(216) 426-2020

CDC of Oakwood

7690 First Place, Suite E

Access Point, D Bldg

Oakwood Village, Ohio 44146

(440) 439-1526

CDC-East

11717 Euclid Avenue

Cleveland, Ohio 44106

(216) 229-1100

CDC of Painesville

1233 Mentor Avenue

Painesville, Ohio 44077

(440) 357-9262

CDC of Euclid and Home Care Office 25301 Euclid Avenue

Euclid, Ohio 44117-2609

(216) 732-3750

CDC of Shaker

18720 Chagrin Blvd.

Shaker Heights, Ohio 44122

(216) 295-7000

CDC of Garfield Hts.

5595 Transportation Blvd.

Garfield Hts., Ohio 44125

(216) 581-0801

CDC of Warren

1950 Niles-Cortland Road, Suite 12

Warren, Ohio 44484

(330) 609-0370

CDC at Harborside

3800 Park East Drive

Beachwood, Ohio 44122

(216) 593-1234

CDC of Warrensville

4877 Galaxy Parkway, Suite “A”

Warrensville Heights, Ohio 44128

(216) 378-5050

CDC at Heather Hill Rehab Ctr

12340 Bass Lake Road

Chardon, Ohio 44024

(440) 286-4103

CDC-West

3330 West 25th Street

Cleveland, Ohio 44109

(216) 741-5776