

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Effective April 14, 2003; revised September 18, 2018

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.

INTRODUCTION

This Notice of Privacy Practices or “Notice” is provided to you as a requirement of the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA).

During the course of providing services and care to you, Satellite Healthcare (hereinafter “Satellite”) gathers, creates and retains certain personal information about you that identifies who you are and relates to your past, present or future physical or mental condition, the provision of health care to you and payment for your health care services. This personal information is characterized as your “protected health information.”

Satellite understands that the protected health information about you and your health is personal. We are committed to protecting this information about you. At the same time, we need to use your medical and personal information to provide you with quality care and to comply with certain legal requirements.

This Notice of Privacy Practices describes how Satellite maintains the confidentiality of your protected health information and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

RESPONSIBILITIES OF SATELLITE HEALTHCARE

Satellite is required by federal and state law to maintain the privacy of your protected health information and is also required by law to provide you with this Notice of Privacy Practices that describes its legal duties and privacy practices with respect to your protected health information. Satellite must also notify you following a breach of your protected health information that is not secured in accordance with federal guidelines. Satellite will abide by the terms of this Notice of Privacy Practices and reserves the right to change this or any future Notice and to make the new Notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. Satellite will make available a revised Notice of Privacy Practices to you at your request if it changes its Notice.

USE AND DISCLOSURE WITH YOUR AUTHORIZATION

Satellite will require a written authorization from you before it uses or discloses your protected health information for any other use or disclosure not described in this notice including the following:

a. **Marketing Communications**

Satellite must obtain a written authorization for any use or disclosure of your protected health information for any marketing communications to you about a product or service that encourages you to use or purchase the product or service unless the communication is either (a) a face-to-face communication; or (b) a promotional gift of nominal value.

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b. Sale of Protected Health Information

Satellite must obtain a written authorization for any disclosure of your protected health information which constitutes a sale of health information pursuant to federal regulations.

c. Psychotherapy Notes

Satellite must obtain a written authorization to use or disclose psychotherapy notes unless the disclosure is for certain limited treatment, payment or health care operations, required by law, for health oversight activities, to a coroner or medical examiner, or to prevent a serious threat to health or safety.

d. Records Related to HIV/AIDS, Genetic Testing, Mental Health and Substance Abuse Treatment

Satellite will obtain a written authorization prior to disclosing your protected health information relating to HIV/AIDS, genetic testing, mental health and substance abuse treatment, except as permitted or required by state law.

e. Electronic Disclosure

Your protected health information is subject to electronic disclosure. Satellite will obtain written authorization for the electronic disclosure of your protected health information unless the disclosure is to a covered entity or business associate for purposes of treatment, payment or health care operations or as otherwise authorized or required by state or federal law.

Satellite has prepared an authorization form for you to use that authorizes it to use or disclose your protected health information for the purposes set forth on the form. You are not required to sign such a form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. Satellite will then not use or disclose your protected health information for the purposes for which the authorization was made, except where it has already relied on your authorization.

HOW SATELLITE HEALTHCARE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Permissive Disclosures

In accordance with federal and state laws, Satellite may, in its discretion, use or disclose your protected health information without your written authorization in the following circumstances. These examples are not exhaustive.

a. Your Care and Treatment

Satellite may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, it may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. Satellite may also disclose your protected health information to individuals who will be involved in your care if you leave Satellite.

i. Health Information Exchange

Satellite participates in a Health Information Exchange network that allows your health care providers to use or disclose your protected health information for treatment purposes. Participating in the Health Information Exchange network allows your health care providers safely, and timely, render patient care. If you choose to opt out of the Health Information

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Exchange, you can indicate this on the Acknowledgement form, and Satellite will ensure your information is not exchanged through this network.

b. Billing and Payment

Medicare, Medicaid and Other Public or private health insurers

Satellite Healthcare may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, Social Security, Medicare, and Medicaid) in order to bill and receive payment for your treatment and services that you receive at Satellite. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

ii. Health Care Providers

Satellite may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. Health Care Operations

Satellite may use your protected health information for its health care operations. These uses and disclosures are necessary to manage and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

d. Licensing, Accreditation and Funding

Satellite may disclose your protected health information to any government or private agency such as the Department of Health Services; the Department of Social Services; Dialysis Councils, ESRD Network or the Center for Medicare and Medicaid Services (CMS) responsible for licensing, accrediting, statistical and/or funding purposes. These oversight and funding activities include audits, surveys and statistics gathering; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative or criminal proceedings or actions; or other activities necessary for appropriate oversight and funding.

e. Individuals Involved in Your Care or Payment for Your Care

Unless you specifically object, Satellite may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. Satellite may also disclose your protected health information to these same individuals to assist in notifying them of your location, general condition or death.

f. Provision of Basic Information about Patients

Unless you notify Satellite that you object, it will disclose your name, your center or location in it and your general condition, to anyone who asks for you by name. Similarly, Satellite may disclose your name, your center or location in it, your general condition and your religious affiliation to members of the clergy.

g. Disaster Relief

Unless you specifically object, Satellite may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts as it relates to notifying a family member, personal representative or another person responsible for your care.

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h. Business Associates

Satellite may contract with certain individuals or entities to provide services on its behalf; examples include data processing, quality assurance, legal or accounting services. Satellite may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on Satellite's behalf. Satellite will require every business associate to sign a contract that obligates it to maintain the confidentiality of your protected health information.

i. Research

Satellite may disclose your protected health information for research purposes pursuant to a written authorization provided by you unless a waiver of authorization is granted by an institutional review board or privacy board or upon receipt of certain assurances by researchers for access to your protected health information as set forth in federal regulations.

j. Peer Review

Satellite may disclose your protected health information to a hospital or medical staff to aid in the credentialing of applicants and in the peer review of medical staff members.

k. Organ Procurement

If you are an organ donor, Satellite may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation.

l. Veterans

Satellite may use and disclose to components of the Department of Veterans Affairs medical information about you to determine your eligibility for certain benefits.

m. Public Health Activities

Satellite may disclose health information to a public health authority for public health activities or to a pharmaceutical or medical device company for the purpose of activities related to the quality, safety or effectiveness of an FDA-regulated product or activity. The disclosure may be necessary to do the following:

- i. Prevent or control disease, injury or disability;
- ii. Report births or deaths;
- iii. Report reactions to medications or problems with products;
- iv. As permitted by law, notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
- v. Notify appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic abuse.

n. Workers' Compensation

Satellite may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

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o. Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, Satellite may release medical information about you to that institution or official. This release would be necessary:

- i. For the institutions to provide you with health care;
- ii. To protect your health and safety or the health and safety of others; or
- iii. For the safety and security of the correctional institution.

p. Fundraising

We may contact you or provide certain information regarding your care to a third party for the purpose of raising funds for us. You have the right to opt out of receiving such communications.

2. Mandatory Disclosures

Satellite will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

a. Court Order; Order of Administrative Tribunal

Satellite will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.

b. Subpoena

Satellite will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena or of efforts to obtain an order or agreement protecting your protected health information.

c. Law Enforcement Agencies

Satellite will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena or an investigative subpoena or summons.

d. Coroner

Satellite will disclose protected health information to a coroner when he/ she requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse or organ or tissue donation.

e. National Security and Intelligence Activities, Protected Services for the Patient and Others

Satellite will disclose protected health information about a patient to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to citizens of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

f. Other Disclosures Required by Law

Satellite will disclose protected health information about a patient when otherwise required by law.

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PATIENT RIGHTS REGARDING PROTECTED HEALTH INFORMATION

1. You have the following rights with respect to your protected health information. To exercise these rights, contact your Satellite or WellBound Center's Clinical Administrative Coordinator.

a. Right to Request Access

You have the right to inspect and copy your protected health information in a "designated record set", including receiving an electronic copy of your protected health information if Satellite maintains your protected health information in electronic form. A designated record set contains medical, billing and other records that Satellite uses for making decisions about you. In certain limited circumstances, Satellite may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional, who may be a Satellite employee. This right of access does not apply to the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative proceeding; and other health information that is subject to law prohibiting access to protected health information.

b. Right to Request Amendment

You have the right to submit a written request to amend your protected health information maintained by Satellite. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial and an opportunity to submit a written statement disagreeing with the denial.

c. Denial of Request

Satellite may deny your request for an amendment if your request does not include a reason to support the request. In addition, we may deny your request if you ask to amend information that:

- i. Was not created by Satellite, unless the person or entity that created the information is no longer available to make the amendment;
- ii. Is not a part of the medical information kept by Satellite;
- iii. Is not a part of the information which you would be permitted to inspect or copy; or
- iv. Is accurate and complete.

d. Right to Request Restriction

You have the right to request restrictions on the use and disclosure of your protected health information for (1) treatment, payment or health care operations, (2) providing information regarding your identity and status to persons inquiring about you or who are involved in your care, or (3) services paid entirely out-of-pocket to a third party payor. Satellite is not required to grant your request, except that Satellite is obligated by law to accept restrictions on disclosures for services paid entirely out-of-pocket. If Satellite does grant your request, it will comply with your request, except in an emergency situation or until the restriction is terminated by you or Satellite.

e. Right to Request Confidential Communications

You have the right to request that Satellite communicate protected health information to the recipient by alternative means or at alternative locations. Satellite will not ask you the reason for your request, and will accommodate reasonable requests when possible.

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f. Right to an Accounting

You have the right to receive an accounting of disclosures made of your health information, except for disclosures made for the purpose of treatment, payment or health care operations if such disclosures were made through a paper record or other health record that is not electronic and for certain other purposes as set forth in federal regulations. If you request an accounting of disclosures of your protected health information, the accounting will, to the extent required by federal law and regulations, include disclosures made for the purpose of treatment, payment and health care operations if such disclosures are made through an electronic health record.

g. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of Satellite's Notice of Privacy Practices for Protected Health Information in written or electronic form.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with your dialysis center, Attention: Contact Person, Patient Privacy. You may also contact the Satellite Healthcare Corporate Office, 300 Santana Row Suite 300, San Jose, CA 95128, Attention: Privacy Officer. You also have the right to submit a complaint to the Office for Civil Rights (OCR), U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Building, Washington, DC 20201, Attention: Director. (Note: this is the OCR headquarters. For a list of regional offices, visit hhs.gov/ocr/office/about/rgn-hqaddresses.html). **Satellite will not retaliate against you if you file a complaint.**

FURTHER INFORMATION

You may obtain a copy of this Notice from the Clinical Administrative Coordinator at your Satellite or WellBound center or view it electronically at the Satellite website at <http://www.Satellitehealth.com>. Look for "Patient Privacy Notice". If you have questions about this Notice or would like further information about privacy rights, contact your Satellite or WellBound Center Clinical Administrative Coordinator. You may also contact the Privacy Officer at 1 (800) 367-4033.