Effective Date: August 1, 2025

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.

We care about our patients' privacy and strive to protect the confidentiality of your medical information at this practice. Federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its' legal duties and privacy practices with the respect to protected health information. If you have questions about this Notice, please contact the Privacy Officer at this practice.

Who will follow this Notice
Any health care professional authorized to enter information into your medical record. All employees, staff and personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service), sites and locations of this practice may share medical information with each other for treatment, payment, or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

How We May Use and Disclose Medical Information About You
The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category, but not every use or disclosure in a category is listed.

Electronic Health Record: This practice must provide patients with an accounting of PHI disclosures for treatment, payment or healthcare operations for a 3-year period, including business associate disclosures. You have a right to access your PHI in electronic format upon request, where it is available.

Telehealth: Dayton Kidney operates an online technology platform that our providers us to provide telehealth services, including but not limited to medical diagnosis and treatment of certain conditions related to the kidneys. All services are provided by our providers, not Doxy.me or other platforms and are neither employed nor otherwise engaged as independent contractors by DAYTON KIDNEY.

For Treatment: We may use medical information about you to provide medical treatment or service.
Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medications that can be prescribed for the treatment process.

For Payment: We may use and disclose medical information about you so the treatment and service you receive may be billed and payment may be collected from you, an insurance company, or third party.
Example: We may need to send your protected health information, such as your name, address, and codes identifying your diagnosis and treatment to your insurance company for payment.

For Health Care Operations: We may use and disclose medical information about your for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

Other Uses or Disclosures That Can Be Made Without Consent or Authorization

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To workers' compensation or similar programs for processing claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Other healthcare providers' treatment activities
- Other covered entities' and providers' payment activities
- Other covered entities' healthcare operations activities (to the extent permitted under HIPAA)
- Uses and disclosures required by law
- Uses and disclosures in domestic violence or neglect situations
- Health oversight activities

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization
Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care we have provided.

Confidentiality of Mental Health, HIV, Alcohol, and Drug Abuse: PHI related to your mental health, psychotherapy notes, HIV, genetic information, alcohol and/or substance abuse records, and other specially protected health information may enjoy certain heightened confidentiality protections under HIPAA and applicable state and federal law. Any disclosure of these types of records will be subject to these special provisions.
In the case of psychotherapy notes (i.e., notes that have been recorded by a mental health professional documenting counseling sessions and have been separated from the rest of your medical record) and alcohol and/or substance abuse records, the confidentiality of such PHI maintained by us is protected by federal law and regulations. Generally, we may not say to a person outside the facility you reside in where our care occurs that you attend psychotherapy or alcohol and/or substance abuse treatment, or disclose any information identifying you as receiving psychotherapy, or as an alcohol or drug abuser, unless:

- The patient consents in writing.
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of federal law and regulations by an alcohol and/or substance abuse program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Disclosure may be made concerning any threat made by a patient to commit imminent physical violence against another person to the potential victim who has been threatened and to law enforcement.

Federal law and regulations do not protect any information about suspected child or elder abuse or neglect from being reported under applicable state law to appropriate state or local authorities.

When you sign a release of information regarding your psychotherapy notes and alcohol and/or substance abuse, or an authorization, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent we have already taken action in reliance thereon.

Right To Restrictions:
You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations, or to someone who is involved in your care or the payment of your care. 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. To request restrictions, you must submit your request in writing to the Privacy Officer at this practice. In your request, you must tell us what information you want to limit.

You may require restrictions on disclosure of your PHI to a health plan where you paid out of pocket, in full, for items or services; if the disclosure is to be made to a health plan for purposes other than treatment.

Right To Request Confidential Communications:
You have the right to request how we should send communications to you about medical matters, and where you would like those communications sent, and how you would like to be contacted. For example, you might request that we not call you at home, but at work instead; or you might request that all correspondence by mailed to your P.O.A. or a Post Office Box rather than to your home. To request confidential communications, you muse make your request to the Privacy Officer at this practice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.

Right To Inspect And Copy:
You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes; information compiled for use in a civil, criminal, or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at this practice. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right To Amend:

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at this practice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the information was not created by us, is not part of the medical information kept at this practice, is not part of the information which you would per permitted to inspect and copy, or which we deem to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

Right To An Accounting of Non-Standard Disclosures:
You have the right to request a list of the disclosures we made of medical information about you. To request this list, you must submit your request to the Privacy Officer at this practice. Your request must state the time period for which you want to receive a list of disclosures that is no longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list: (example: on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we reserve the right to charge you for the cost of providing the list.

Right To A Paper Copy Of This Notice:
You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current Notice, please request one in writing from the Privacy Officer of this practice.

GINA: Consistent with the Genetic Information Nondiscrimination Act (GINA), health plans must include a statement in their Notice of Privacy Practices that the health plan is prohibited from using or disclosing genetic information for underwriting purposes.

Changes to this Notice: We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice, with the effective date in the upper right hand corner of this notice and also at daytonkidney.com and provide copies to the facilities that we provide care at.

Complaints: If you believe that your privacy rights have been violated, you should immediately contact:
DAYTON KIDNEY Privacy Office
7700 Washington Village Drive Suite 230
Dayton, Ohio 45459
937-312-6531.

Secretary of the U. S. Department of Health and Human Services at 1-877-696-6775 or
200 Independence Avenue, S.E.
Washington, D.C. 20201.

Ohio Office for Civil Rights
Dayton Regional Office
Point West III, 3055 Kettering Blvd, Suite 111
Dayton, OH 45439
937-285-6500

You will not be treated any differently for filing a complaint.

Who Will Follow this Notice? This notice describes the health care practices of any physician or other health care professional authorized by us to access and/or enter information into your medical records and all affiliates.

Your other care providers may have different policies or Notices regarding their use and disclosure of your health information created in their offices.