



# Fresenius Medical Care

## FMCNA 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.**

**If you have any questions about this Notice, please call:  
1-800-662-1237 ext. 9099**

### Who Will Follow This Notice

This notice describes the practices of certain subsidiaries and affiliates of Fresenius Medical Care Holdings, Inc., doing business as Fresenius Medical Care North America ("FMCNA").

This notice covers the practices of FMCNA's subsidiaries and affiliates that are dialysis facilities, laboratories, surgical centers, and pharmacies.

This notice also covers:

- Any health care professional authorized to enter information into your medical chart located within FMCNA as to the information they enter into our records.
- All employees, staff, workforce members and other FMCNA personnel.

All these entities, businesses and persons follow the terms of this notice. In addition, these entities, businesses and persons may share health information with each other for treatment, payment or health care operations, and for other permitted uses and disclosures as described in this Notice of Privacy Practices and in accordance with law.

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## Our Pledge Regarding Health Information

FMCNA collects health information about you. This information includes information about:

- Your past, present, or future physical health, mental health, or condition;
- The provision of health care to you; or
- The past, present, or future payment for the provision of health care to you.

Where this information identifies you or could be used to identify you, it is considered “protected health information,” or “PHI.”

We understand that health information about you and your health is personal. We are committed to protecting the confidentiality of your PHI. We create a record of the care and services you receive at FMCNA. We need this record to provide you with quality care and to comply with various legal requirements. This notice applies to any hospital or other health care personnel records of your care created by or stored at FMCNA, whether made by FMCNA personnel, a physician or other health care provider. Your personal doctor or other health care providers may have different policies or notices regarding their use and disclosure of your PHI created by them.

This notice will tell you about the ways in which we may use and disclose your PHI. Not every use or disclosure will be specifically described, but all uses and disclosures will fall within one of the categories listed below. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- Make sure that health information that identifies you is kept private;

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- Give you this notice of our legal duties and privacy practices with respect to your PHI, and
- Follow the terms of the notice that is currently in effect.

### How We May Use and Disclose Your Health Information

- 1. Treatment.** We may use or disclose your PHI for treatment at or by an FMCNA facility. For example, information obtained by a nurse, physician, or other member of your health care team will be entered in your record and used to determine your course of treatment. We may share this information for treatment purposes with those involved in your care such as nurses, technicians, physicians and others involved in your care, both inside and outside of FMCNA. We may also provide your physician or a subsequent health care provider with copies of various reports to assist him or her in treating you.
- 2. Payment.** We may use or disclose your PHI to obtain payment for our services. For example, a bill may be sent to you or to a third party, including Medicare, Medicaid or to a health insurer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may also provide your physician or a subsequent health care provider with copies of various reports to assist him or her in obtaining payment.
- 3. Health Care Operations.** We may use or disclose your PHI for our health care operations or the health care operations of another covered entity. For example, members of our medical staff, our quality improvement managers, or members of our quality improvement team may use information in your health record to assess the care and outcomes in your case. We may also use this information in an effort to, as a whole, improve the quality and effectiveness of the health care and services we provide.
- 4. To Business Associates.** We may disclose your PHI to "business associates" who provide services on behalf of FMCNA.

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5. **Appointment Reminders and Treatment Alternatives.** We may contact you to provide appointment reminders or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
6. **Communication with Individuals Involved in Your Care.** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, your PHI relevant to that person's involvement in your care, or payment related to your care.
7. **Notification.** We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that you or they have provided us; e.g., on an answering machine.
8. **Disaster Relief.** We may use or disclose your PHI to an entity assisting in a disaster relief effort for the purpose of coordinating with such entities to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.
9. **Research.** Under certain circumstances, we may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. Most research projects will require your specific permission if a researcher will have access to information that identifies you. We may disclose PHI about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs. In some instances, the law allows us to do some research using your PHI without your approval.

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- 10. Workers' Compensation.** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness.
- 11. Public Health.** We may disclose your PHI for public health activities. These activities include, but are not limited to, preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting abuse, neglect or domestic violence; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- 12. Health Oversight Activities.** We may disclose your PHI to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and government programs.
- 13. To Avert Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- 14. Organ and Tissue Donation.** We may release your PHI to organizations that handle procurement of organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- 15. Coroners, Medical Examiners and Funeral Directors.** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release your PHI to a funeral director, as necessary, to carry out his/her duties.
- 16. Specialized Government Functions.** If you are a member of the U.S. or foreign armed services, we may release your PHI to the appropriate military authorities as required by the military. We may release your PHI to authorized federal officials for (1) intelligence, counterintelligence and

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other national security activities authorized by law, (2) to provide protection to the members of the U.S. government or foreign heads of state or to conduct special investigations, and (3) to allow the Department of State to make medical suitability determinations.

- 17. Correctional Institution.** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof PHI necessary for your health and the health and safety of other individuals.
- 18. Lawsuits and Disputes.** We may disclose your PHI in response to a court or administrative order, a subpoena, a warrant, a discovery request, or other lawful due process.
- 19. Law Enforcement.** We may disclose your PHI for law enforcement purposes as authorized or required by law or other lawful due process. For example, we may be required by law to report certain types of wounds or other physical injuries.
- 20. Where Required by Law.** We will disclose your PHI where required by local, state or federal law. For example, federal law may require your PHI to be released to an appropriate health oversight agency, public health authority or attorney.

### Other Uses and Disclosures of Your Health Information

We may use or disclose your PHI as described above without your consent. We will not make any other uses or disclosures of your PHI unless you give us written authorization. If you give us authorization to use or disclose your PHI, then you may revoke that authorization at any time. You must revoke your authorization in writing. If you revoke your authorization, then we will no longer use or disclose your PHI for the reasons covered by your written authorization. However, the revocation will not affect actions we have already taken based on your prior authorization.

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## Other Restrictions

Certain state laws may impose additional restrictions on the use or disclosure of your health information, particularly in the areas of HIV-related information, alcohol and substance abuse information, mental health information and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these categories of information.

## Your Health Information Rights

You have the following rights:

- **Right to Request Restrictions.** You may request that we not use or disclose your PHI for a particular purpose related to treatment, payment, or FMCNA's health care operations, and/or that we limit the information we disclose to a particular family member, other relative or close personal friend, or any other person involved in your care or payment for your care. For example, you may request that we not use or disclose information about a surgery you had. Any such requests must be made in writing to the facility manager where you receive treatment or to the FMCNA Privacy Officer at the address below. You must advise FMCNA: (1) what information you want to limit, (2) whether you want to limit FMCNA's internal use, disclosure to third parties, or both, and (3) to whom you want the limit(s) to apply. Although we will consider your request, please be aware that we are under no obligation to accept or abide by your request, unless we specifically agree to do so in writing.
- **Right to Request Confidential Communications.** You have the right to ask us to communicate with you about your PHI in a certain way or at a certain location. For example, you may request that we contact you only at work or by mail. We will accommodate reasonable requests. Your request must be made in writing and submitted to the facility manager where you receive treatment or to the FMCNA Privacy Officer at the address below. Your request must specify how or where you wish to be contacted, but you do not need to tell us the reason for the confidential communication. We may request, however, that you

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coordinate with us to assure satisfactory means to communicate with you about, and to receive, payment for our services.

- **Right to Inspect and Copy.** You may request to inspect and/or obtain copies of your PHI, which will be provided to you in the time frames established by law. We have a form that you may use to request to see or to obtain a copy of your PHI. Your request must be made in writing and submitted to the facility manager where you receive treatment or to the FMCNA Privacy Officer at the address below. If you request copies, we may charge you a reasonable fee. We will tell you how much we will charge for such copies.

We will tell you if we cannot fulfill your request. If we do not allow you to see or copy your PHI, you can ask us to reconsider the denial by contacting the FMCNA Privacy Officer at the address below. Depending on the reason for the denial, we may ask a licensed health care professional to review your request and the denial. We will comply with this person's decision.

- **Right to Amend.** If you believe that any PHI in your record is incorrect or if you believe that important information is missing, you may request that we add the corrected or missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We have a form that you may use to request that we amend your PHI. Your request must be made in writing and must be submitted to the facility manager where you receive treatment or to the FMCNA Privacy Officer at the address below. If appropriate, we shall add such information to your record. We may deny your request if you ask us to amend PHI that is: accurate and complete, not created by FMCNA, not part of the PHI kept by or for FMCNA or not PHI that you would be permitted to inspect and copy.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that we have made to others, except for those necessary to carry out treatment, payment, and healthcare operations, disclosures made

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before April 14, 2003, disclosures made to you, disclosures you authorized, and certain other disclosures.

To request an accounting of disclosures, submit your request in writing to the facility manager where you receive treatment or to the FMCNA Privacy Officer at the address below. Your request must state a time period that may not be longer than six years prior to the date the accounting was requested.

You may get one accounting of disclosures in any 12 month period for free. We may charge a reasonable fee for additional accountings of disclosures. We will tell you how much the additional accounting will cost.

- **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You may make your request to the facility manager where you receive treatment or to the FMCNA Privacy Officer at the address below.

### Changes to FMCNA's Privacy Practices

We reserve the right to change this notice of privacy practices at any time and to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. We will post our current notice at each facility where we provide direct treatment to our patients and it will contain the effective date of the notice.

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### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the FMCNA Privacy Officer at the address below, by calling 1-800-662-1237 ext. 9099 or by e-mailing [Privacy@fmc-na.com](mailto:Privacy@fmc-na.com).

If you believe that your privacy rights have been violated, you may file a complaint with FMCNA. These complaints must be filed in writing. Complaints should be returned to the facility manager where you receive treatment or directly to the FMCNA Privacy Officer at Fresenius Medical Care North America, 920 Winter Street, Waltham, MA 02451-1457. You may also file a complaint with the office of Civil Rights of the United States, Department of Health and Human Services. You may also contact the Office of Civil Rights hotline at 1-800-368-1019. There will be no retaliation for filing a complaint.

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