NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

Effective date: September 26, 2026

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.

Privacy Contact	Practice Locations
Privacy Officer Kidney Associates of Texas Phone: 972-521-6000 Fax: 972-521-6012 Email: kaotexas2016@hotmail.com Website: kaotexas.com	McKinney 5830 Collin McKinney Pkwy, Suite 302 McKinney, TX 75070 Sherman 204 Medical Drive, Suite 210 Sherman, TX 75092

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains those rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you. We will provide a copy or summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee as allowed by law.

Ask us to correct your medical record

You may ask us to correct health information that you believe is incorrect or incomplete. We may deny the request in some circumstances, but if we do, we will explain why in writing, generally within 60 days.

Request confidential communications

You may ask us to contact you in a particular way, such as only at a certain phone number, or to send mail to a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We are not always required to agree. If you pay for a service or health care item out-of-pocket in full, you may ask us not to share information about that service or item with your health insurer for payment or operations. We will agree unless the law requires us to share it.

Get a list of disclosures

You may ask for an accounting of certain disclosures of your health information made during the six years before your request. The accounting does not include every disclosure, such as many disclosures for treatment, payment, health care operations, or disclosures you specifically authorized. One accounting in a 12-month period is free; additional requests may involve a reasonable, cost-based fee.

Get a copy of this notice

You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide one promptly.

Choose someone to act for you

If a person has legal authority to act for you, such as a medical power of attorney or legal guardian, that person may exercise your privacy rights. We may ask for documentation of that authority.

File a complaint

You may complain to us if you believe your privacy rights have been violated. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you may tell us your choices about what we share. If you have a clear preference, tell us what you want us to do.

In these situations, you generally have the right and choice to tell us to:

- Share information with family members, close friends, or others involved in your care or payment for your care.
- Share information in a disaster-relief situation.

If you are unable to tell us your preference, such as when you are unconscious, we may share information if we believe it is in your best interest. We may also share information when needed to prevent or lessen a serious and imminent threat to health or safety.

We will not use or disclose your information for the following purposes without your written authorization, except where law permits otherwise:

- Marketing purposes that require an authorization.
- Sale of your protected health information.
- Most uses or disclosures of psychotherapy notes.

Kidney Associates of Texas does not maintain a hospital directory. We do not sell protected health information.

HOW WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION

Treat you

We may use your health information and share it with physicians, hospitals, laboratories, pharmacies, dialysis facilities, imaging centers, home health providers, and other health professionals or organizations involved in your treatment and care coordination.

Run our practice

We may use and share your health information to operate the practice, improve quality, review care, train staff, manage services, and contact you when necessary.

Bill for your services

We may use and share your health information to bill and obtain payment from health plans, Medicare, Medicaid, or other payers and to support coverage, authorization, and payment activities.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES

The law permits or requires us to use or share health information in additional situations, usually for public-interest purposes. We must meet applicable legal requirements before doing so.

Public health and safety

We may share information for activities such as preventing or controlling disease, reporting adverse reactions or product problems, reporting suspected abuse or neglect when authorized or required, and preventing or reducing a serious threat to health or safety.

Health oversight

We may share information with government agencies that oversee the health care system, government programs, or compliance with civil-rights and privacy laws.

Research

We may use or share information for health research when permitted by law, such as with your authorization or when an authorized review process has approved a waiver of authorization.

Required by law

We will share information when federal or state law requires us to do so, including with the U.S. Department of Health and Human Services when it is investigating our compliance with federal privacy law.

Organ and tissue donation

We may share information with organ-procurement organizations as permitted by law.

Medical examiners and funeral directors

We may share information with a coroner, medical examiner, or funeral director when permitted by law.

Workers compensation, law enforcement, and government functions

We may use or disclose information for workers compensation claims; certain law-enforcement purposes; health-oversight activities; and special government functions such as military, national-security, and protective-service activities, when permitted by law.

Legal proceedings

We may disclose information in response to a valid court or administrative order, subpoena, discovery request, or other lawful process, subject to applicable privacy protections.

SPECIAL PROTECTIONS FOR CERTAIN INFORMATION

Some types of health information may receive additional protection under federal or Texas law. When a law provides greater privacy protection than HIPAA, we will follow the more protective requirement.

Substance use disorder records

To the extent we create or maintain substance use disorder patient records that are protected by 42 CFR Part 2, special federal confidentiality rules apply. We will not use or disclose those Part 2 records in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide written consent or the disclosure is authorized by a court order and subpoena as required by law.

Other specially protected information

Certain mental-health, genetic, HIV/STI, and other sensitive information may be subject to additional protections. We will use or disclose such information only as permitted or required by applicable law.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the notice that is currently in effect.
- We will not use or share your information other than as described in this notice unless you authorize us in writing or another law permits or requires the use or disclosure. You may revoke an authorization in writing, except to the extent we have already acted on it.
- We will make this notice available to anyone who asks for it, post it in our offices, and make it available on our website.

CHANGES TO THIS NOTICE

We may change the terms of this notice, and the changes may apply to all protected health information we maintain, including information created or received before the change. If we make a material change, the revised notice will be available upon request, in our offices, and on our website.

HOW TO EXERCISE YOUR RIGHTS OR FILE A COMPLAINT

Contact Kidney Associates of Texas: Privacy Officer, 972-521-6000, kaotexas2016@hotmail.com, or write to either practice location listed on page 1.

You may also complain to the U.S. Department of Health and Human Services, Office for Civil Rights:
200 Independence Avenue, S.W., Washington, D.C. 20201
Phone: 1-877-696-6775
Online: hhs.gov/hipaa/filing-a-complaint

We will not retaliate against you for filing a complaint.

ADDITIONAL INFORMATION

This notice applies to Kidney Associates of Texas and its workforce members who create, receive, maintain, or transmit protected health information on behalf of the practice. It applies at the McKinney and Sherman locations listed on page 1 and to telemedicine services provided by the practice.

If you have questions about this notice, want a paper copy, or want help exercising a privacy right, contact the Privacy Officer using the information above.

Keep this notice for your records.
You do not need to sign this notice itself. Kidney Associates of Texas may ask you to acknowledge that you received or were offered a copy of it.