

Effective as of February 16, 2026

## DaVita Notice of Privacy Practices

THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE DAVITA PRIVACY OFFICE AT (855) 472-9822 OR PRIVACY@DAVITA.COM

### PLEASE REVIEW IT CAREFULLY

This notice covers the following entities: DaVita Inc. managed or operated dialysis facilities as well as DVA Laboratory Services Inc., Total Renal Laboratories, Inc., and VillageHealth DM, LLC (collectively referred to here as “DaVita”).

If you have questions or concerns, please contact your clinic or the DaVita Privacy Office using the contact information provided at the end of this document.

### Our Privacy Commitment

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DaVita is committed to respecting and protecting patient privacy, which includes explaining how we use and manage your health information, as well as what rights and choices you have related to that information. We hope this summary of your rights, including your choices and our responsibilities, helps you to understand how we follow the law and respect your privacy.

We are providing you with this notice, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As a health care provider, HIPAA requires DaVita to respect and protect patient ‘protected health information’ (or, “PHI”), and requires us to be transparent with you regarding our practices concerning our collection, use and sharing of PHI obtained from or about you. HIPAA also requires us to make you aware of your privacy rights, including your ability to exercise your choice (i.e., “consent,” also referred to as an “authorization”) and provide your permission for us to collect, use, or share your PHI.

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your privacy rights and our responsibilities to help you. Unless otherwise specified, you may exercise the rights listed below by contacting us.

**View your health information**

- You can ask to see the health information we have about you or request a copy of your medical record.
- If we are unable to fulfil your request, we will tell you why in writing.

**Ask us to correct your medical record**

- You can ask us to correct your health information about you that you think is incorrect or incomplete.
- We may reject your request, but we'll tell you why in writing.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address to enhance your privacy.
- We will work to accept all reasonable requests.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- There are some instances where we will not agree to your request. For example, we may deny your request when your request would negatively affect your care.
- If you pay for a healthcare service out-of-pocket, you can ask us not to share the information pertaining to that service or item with your health insurer for the purpose of payment or our operations. We will work to accept this request unless an applicable law requires us to share that information.

**Get a list of those with whom we've shared information**

- You can ask for a list (also referred to by HIPAA as an "accounting") of the times we've shared your health information, who we shared it with, and why. We can provide a list of these details over the six (6) years prior to your request.
- We will include all the disclosures except those made for treatment, payment, and health care operations, and certain other disclosures. We'll provide one (1) accounting in a calendar year for free but will charge a reasonable, cost-based fee if you ask for others within twelve (12) months.

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

**File a complaint if you believe your rights are violated**

- If you believe we have violated your privacy rights described in this Notice of Privacy Practices, you can complain by contacting the DaVita Privacy Office at:
  - [privacy@davita.com](mailto:privacy@davita.com)
  - (855) 472-9822, or
  - Writing to: DaVita Privacy Office, 2000 16th St., Denver, CO 80202.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775 or sending a letter to 200 Independence Ave. SW, Washington, DC 20201.
- We will not retaliate against you for filing a complaint or making us aware of any HIPAA complaints or grievances.

### **Information We Collect**

We collect from or about you individually identifiable personal information, including PHI as defined by HIPAA that is collected at our clinics, and other personal information that we may obtain from you or other sources such as our DaVita.com website and third-party partners and service providers that you may have interacted with. We will combine the information we obtain from or about you from such sources. For additional information and examples of the types of individually identifiable personal information we collect, please review our DaVita.com Privacy Policy, available at: <https://www.davita.com/privacy-policy>.

### **Your Choices**

**For certain health information, you can tell us your choices about what we use or share.** If you have a preference for how we use or share your information in the situations described below, talk to us. Tell us what you want us to do, and we will work with you to understand your request and determine how we can follow your instructions.

#### **You have both the right and choice to permit or prohibit us from:**

- Using or sharing information with your family, close friends, or others involved in your care
  - *If you are not able to tell us your preference, for example you are unconscious, we may use or share your information if we believe it is in your best interest.*

#### **We require your written permission before we:**

- Use or share your information for marketing purposes, except in limited circumstances.
- Share your psychotherapy notes, except in very limited circumstances.

#### **In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again for fundraising reasons.

#### **In the case of highly confidential information:**

- When required by state or federal law, we apply additional privacy protections for certain information about you such as: HIV testing, substance use, and mental health. Unless

permitted or required by law, we will obtain your permission before collecting, using or sharing that information.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treating you**

We can use your health information and share it with other health care professionals who are treating you.

*Example: treatment may include interdisciplinary conferences with team members from DaVita and support care teams from other facilities involved in your care and treatment or other providers who may be able to provide information or insight in the development and coordination of your plan of care.*

#### **Billing for your services**

We can use and share your health information to bill and receive payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

#### **Running our organization (also known as Health Care Operations)**

We can use and share your health information to run our facilities, improve your care, and contact you when necessary.

*Example: We use your information in connection with other information we have to learn more about our patients so we can improve the treatment we provide.*

#### **How else can we use or share your health information?**

We are allowed, and sometimes required, to use or share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet certain conditions in the law before we can share your information for these purposes.

#### **Helping with public health and safety issues**

We can use and share health information about you for certain purposes such as:

- Preventing disease,
- Helping with product recalls,
- Reporting adverse reactions to medications,
- Reporting suspected abuse, neglect, or domestic violence,
- Preventing or reducing a serious threat to anyone's health or safety, or
- Ensuring the safety of a workplace.

#### **Conducting clinical research**

We can use or share your information for health research if you have authorized it or if an Institutional Review Board/Privacy Board has granted the researcher a Waiver of Authorization

### **Complying with the law**

We will share information about you if required by state or federal laws, including when the Department of Health and Human Services wants to see that we are complying with federal privacy law.

### **Responding to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Working with a coroner, medical examiner, or funeral director**

We can share health information with a coroner, medical examiner, or funeral director so they can carry out their duties.

### **Addressing workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims to the extent authorized by state law;
- For law enforcement purposes or to a law enforcement official if required;
- With health oversight agencies for activities authorized by law; or
- For special government functions such as prisons, military, national security, and protective services for the President of the United States.

### **Respond to lawsuits and legal actions**

We can share health information about you in court or an administrative proceeding, or in response to a legal order, after certain requirements have been met.

### **Substance Use Disorder ("SUD") Records**

In the event that DaVita collects or receives SUD records (as defined in 42 CFR Part 2) from other providers you have seen, the following protections apply:

- SUD records have heightened confidentiality protections under federal law;
- Uses and disclosures of SUD records are more strictly limited than uses and disclosures of other PHI (as described above). This includes the requirement that the use and disclosure of SUD records for treatment, payment, and health care operations generally requires your written consent;
- You have certain rights regarding the protection of your SUD records, including protection against certain redisclosures;
- SUD records cannot be used in civil, criminal, or administrative proceedings against you without your consent or a court order; and
- If we use SUD records for fundraising, we must provide conspicuous notice and an opportunity to choose not to receive communications related to fundraising.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know if the privacy or security of your information was compromised.

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us that we can in writing. You may change your mind at any time.

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes may apply to all health information we have about you. The new notice will be available in our offices, on our web site, and upon your request.

### **Contact Information**

DaVita Privacy Office:  
2000 16th St., Denver, CO 80202  
[privacy@davita.com](mailto:privacy@davita.com)  
(855) 472-9822