



**COMMONWEALTH SLEEP CENTER**  
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**CONTACT US**

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## NOTICE OF PRIVACY PRACTISES

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT OUR PRIVACY OFFICER AT  
571-261-9877**

### **PURPOSE:**

**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.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health operations and for other purposes that are permitted or required by law. It also describes your rights to access and controls your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that related to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practice. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to try you in the mail or asking for one at the time of your next appointment.

### **USE AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

#### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN CONSENT**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice. We have in place a "Minimum Necessary Information Policy" which means that your doctor and/or office staff will disclose only the minimum information necessary to accomplish that purpose for which it is being disclosed.

Following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

### **TREATMENT**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any, related services. This included the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information to other physicians, who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory), who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

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## **PAYMENT**

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization activities, For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan obtain approval for the hospital admission.

## **HEALTHCARE OPERATIONS**

We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to quality assessment activities, employee review activities, and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with the third party "business associate" that perform various activities (e.g., billing, transcription services) for this practice. Whenever an arrangement between our office and a business associate involved the use or disclosure of your protected health information, we will have a written a contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose or protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy A contract that these materials not be sent to you.

## **OTHER PERMITTED AD REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use and disclose your Protected Health information in the following instances. You have the opportunity to agree or object to the used or disclosure et all or part of your protected health information, If you are nor present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest . In this care, only the protected health information that is relevant to your health care will be disclosed

## **OTHERS INVOLVED IN YOUR HEALTHCARE**

Unless you object we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly to that person's involvement in your healthcare. If you are unable to agree or object such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for the care of your location, general condition or death. Finally, we may use to disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate your uses and disclosures to family other individuals involved in your health care.

## **EMERGENCIES**

We may use or disclose your protected health information in an emergency treatment situation. If this happens your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent, he or she may use or disclose your protected health information to treat you.

## **COMMUNICATION BARRIERS**

We may use or disclose your protected health information in an emergency treatment situation. If this happens your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent, he or she may use or disclose your protected health information to treat you.

## **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

### **REQUIRED BY LAW**

We may use or disclose your protected health information to the extent that law requires the use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified as required by law, for any uses or disclosures.

### **PUBLIC HEALTH**

We may disclose your protected health information for public health activities and purposes to public health authority that is permitted by law to collect or receive the information. This disclosure will be made for the purpose of controlling diseases, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign Government agency that is collaborating with the Public Health Authority.

### **COMMUNICABLE DISEASE**

We may disclose your protected health information, if authorized by law, to the person who may have been exposed to a communicable disease or may otherwise be at the risk of contracting or spreading the disease or condition.  
Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit program, other government regulatory programs and civil rights law.

### **ABUSE OR NEGLECT**

We may disclose your protected health information to a public authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence, to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

### **FOOD AND DRUG ADMINISTRATION**

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls, to make repairs or replacements, or to conduct post Marketing surveillance as required.

### **LEGAL PROCEEDINGS**

We may disclose protected health information in the course of any Judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) in certain circumstances, in response to a subpoena discovery request or other lawful purposes.

## **LAW ENFORCEMENT**

We may disclose protected health information, so long as applicable legal requirements are met for law enforcement purposes. The law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information request for identification and request purposes. (3) Pertaining to victims of a crime, (4) suspicion that death has occurred as a result of a criminal conduct (4) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on premises of the practice) and it is likely crime has occurred.

## **CORONER'S FUNERAL DIRECTORS AND ORGAN DONATION**

We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties, we may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes,

## **RESEARCH**

We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established the protocols to ensure the privacy of your protected health information.

## **CRIMINAL ACTIVITY**

Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

## **MILITARY ACTIVITY AND NATIONAL SECURITY**

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate Military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, of (3) to foreign military authority if you are a member of that foreign military services We may also disclose your protected health information to authorial federal officials for contacting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

## **WORKERS COMPENSATION**

We may use or disclose your protected health information as authorized to comply with workers compensation laws and other similar legally established programs.

## **INMATES**

We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in be course of providing care to you.

## **REQUIRED USES AND DISCLOSURES**

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirement of Section 164.500 et.seq.

## **YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may excise these rights. Under the law, we must make disclosures to you and when required by the Secretary of the department of Health and Human Services to investigate or determine our compliance with the requirement of Section 164.500 et.seq.

## **YOU HAVE THE RIGHTS TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your physician and practices use for making decisions about you.

Under federal law, however, you may not inspect or copy of the following records; Physiotherapy notes information compiled in reasonable anticipation of, or use in, civil, a civil, criminal or administrative actions or preceding and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have the right to have this decision reviewed. Please contact the privacy contract, of you, have questions about your access to your medical records.

## **YOU HAVE THE RIGHT TO REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION**

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health care information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notices of Privacy Practices. Your request must state the specific restrictions requested and to whom you want the restriction to apply.

Your Physician is not required to agree to a restriction that you may request. If the physician believes it is your best interest to permit use and disclosure of your protected health information, will be restricted. If your Physician does agree to the protected restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide the emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by discussing it with the physician or office manager and giving a written request regarding the restrictions.

## **YOU MAY HAVE THE RIGHT TO HAVE YOUR PHYSICIAN AMEND YOUR PROTECTED HEALTH INFORMATION**

This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information, In certain cases we may deny your request for an amendment, If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and we will provide you with a copy of any such rebuttal. Please contact our privacy contact to determine if you have any questions about amending your medical record.

## **YOU HAVE THE RIGHTS TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES WE HAVE MADE, IF ANY OF YOUR PROTECTED HEALTH INFORMATION**

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to your family members or friends involved in your care, or for notification purposes. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restriction and limitations

## **COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services, if you believe we have violated your privacy rights by us, you may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our privacy contact, Rikta 571-261-9877 for further information about the complaint process.