

SLEEP & CARDIOVASCULAR HEALTH NOTICE OF PRIVACY PRACTICES

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

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be used and disclosed by your provider, 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, obtain payment of your health care bills, to support the operation of the practice, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to another healthcare provider to whom you have been referred by us or to whom you have disclosed to us as part of your care team.

Payment: Your PHI will be used to obtain payment for your health care services by a mutual third party. For example, submitting claims to your insurance provider for payment will include their required PHI or submitting your PHI to your insurance company to obtain pre-approval for a facility test or procedure.

Healthcare Operations: We may use or disclose your PHI in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment, employee review, training of medical and healthcare students, licensing board, and conducting or arranging for other business activities. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment, and inform you about treatment recommendation or other health-related benefits and services that may pertain to you. Your PHI will not be utilized for marketing or advertising purposes.

Your PHI may be requested by third parties in legal situations without your authorization. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your PHI when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke the authorization, at any time, in writing, except to the extent that this practice has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS

You have the right to inspect and copy your PHI (fees may apply) – Under federal law, however, you may not inspect or copy information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

You have the right to request a restriction of your PHI and designate release of PHI under the HIPAA laws By law, you may not request that we restrict the disclosure of your PHI for treatment purposes.

You have the right to request to receive confidential communications

You have the right to request an amendment to your protected health information

You have the right to receive an accounting of certain disclosures – You have the right to receive an accounting of disclosures except for disclosures that are: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred up to six years prior to the date of this request.

You have the right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.

COMPLAINTS

You may contact our Compliance Officer by phone at the contact information below or you may send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. Under no circumstances will you be penalized or retaliated against for filing a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to PHI. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone.

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