

Sleep Management Services

As required by the Privacy Regulations created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) **This notice describes how health information about you (as a patient of our lab) may be used and disclosed, and how you can get access to you individually identifiable health information.**

Please review this notice carefully

- A. **Our commitment to your privacy:** Our lab is dedicated to maintaining the privacy of your individually identifiable health information as protected by law, including the Health Information Portability and Accountability Act, (HIPAA). In conducting business, we will create records regarding you and the treatment and service we provide to you, we are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our laboratory concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated but, we must provide you with the following information and have in effect at the time.
- **How we may use and disclose your PHI**
 - **Your privacy rights in your PHI**
 - **Our obligation concerning the use and disclosure of your PHI**

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revisions or amendment to this notice will be effective for all of your records that our lab has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current notice in our offices in a visible location at all times. You may request a copy of our most current Notice at any time.

- **If you have questions about this notice, please contact our office at 501-224-5200 located at 9305 Treasure Hill, Little Rock, AR 72227.**

B. **We may use and disclose your protected health information (PHI) in the following ways:**

1. **Treatment:** Our lab may disclose your PHI to other health care providers for purposes related to your treatment. For example your referring physician, interpreting physician and DME Company. Additionally, we may disclose your PHI to others who may assist in your care such as your spouse, children or parents.
2. **Payment:** Our lab may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Health Care Operations:** Our lab may use and disclose your PHI to operate our business. For example, we may disclose your PHI to other health care providers and entities to assist in the health care operations.
4. **Appointment Reminders:** Our lab may use and disclose your PHI to contact you and remind you of an appointment.
5. **Treatment Options:** Our lab may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Health Related Benefits and Services:** Our lab may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
7. **Release of information to Family/Friends:** Our lab may use and disclose your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that another family member assist in obtaining treatment. In this case, that family member may have access to this medical information.
8. **Disclosures Required by Law:** Our lab may use and disclose your PHI when we are required to do so by federal, state or local law.

C. **Use and Disclosure of your PHI in Certain Special Circumstances:**

1. **Public Health Risks:** Our lab may use and disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse and neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - Reporting reactions to drugs or problems with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
2. **Health Oversight Activities:** Our lab may use and disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include: investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights law and the health care system in general.
3. **Lawsuits and Similar Proceedings:** Our lab may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceedings. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request of to obtain an order protecting the information the party has requested.
4. **Law Enforcement:** Our lab may use and disclose your PHI if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding a criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) for the crime, or the description, identity or location of the perpetrator.