



## Notice of Privacy Practices

**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.**

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA” or “Act”), revised in 2013, requires us as your health care provider to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We are required to maintain these records of your health care and to maintain confidentiality of these records.

The Act also allows us to use your information for treatment, payment, and certain health care operations without your authorization, unless otherwise prohibited by law.

**Treatment:** We may disclose your protected health information to you and to our staff or to other health care providers in order to get you the care you need. This includes information that may go to the pharmacy to get your prescription filled, to a diagnostic center to assist with your diagnosis, or to the hospital should you need to be admitted. If necessary to ensure that you get this care, we may also discuss the minimum information necessary to friends or family members involved in your care, unless you request otherwise.

**Payment:** We may send information to you or to your health plan in order to receive payment for the service or item we delivered. We may discuss the minimum information necessary with friends or family members involved in payment for your care, unless you request otherwise.

**Health care operations:** We are allowed to use or disclose the minimum necessary amount of your protected health information to train new health care workers, to evaluate the health care delivered, to improve our business development, and for other operational needs.

We may also disclose information as required by law; to fulfill certain public health purposes; if we believe you have been a victim of abuse, neglect, or domestic violence; for certain health care oversight activities; for judicial, administrative, and law enforcement proceedings; to coroners and medical examiners; for organ or tissue donation purposes; for research; to avert a serious threat to health or safety; for certain specialized government functions; and for workers’ compensation.

Certain ways that your protected health information could be used disclosed require an authorization from you: disclosure of psychotherapy notes, use or disclosure of your protected health information for marketing, the sale of your protected health information, and any use or disclosure not described in this Notice of Privacy Practices. You will receive a copy of any authorization that you sign. You may revoke any authorization in a signed writing, and we will honor that revocation beginning with the date we receive it, but your revocation will not apply to any information that was disclosed prior to your revocation.

You have several rights concerning your protected health information. When you wish to use one of these rights, please inform our office so that we may give you the correct form for documenting your request.

You have the right to access your records and/or to receive a copy of your records, with the exception of psychotherapy notes. Your request must be in writing, and we must verify your identity before allowing the requested access.

We are required to allow the access or provide the copy within 10 days of your request.

We will provide your records in the format you request, whether electronic or hard copy, if we can reasonably produce the records in your requested format. We may charge you our reasonable cost for making and providing the records, not to exceed \$20.00 for a record of 5 or fewer pages, plus 50 cents per page after that and the cost of mailing.

If your request is denied, you may request a review of this denial by a licensed health care provider. You have the right to request restrictions on how your protected health information is used for treatment, payment, and health operations. For example, you may request that a certain friend or family member not have access to this information. We are generally not required to agree to these requests, but if we agree to your request, we are obligated to fulfill the request, except in an emergency where this restriction might interfere with your care.

We may terminate these restrictions, if necessary, to fulfill treatment and payment.

We are required to grant your request for restriction if the requested restriction applies only to information that would be submitted to a health plan for payment for a health care service or item for which you have paid in full out-of-pocket, and if the restriction is not otherwise forbidden by law. For example, we are required to submit information to federal health plans and managed care organizations, even if you request a restriction.

We must have your restriction documented prior to initiating the service. Some exceptions may apply, so ask for a form to request the restriction and to get additional information.

We are not required to inform other covered entities of this request, but we are not allowed to use or disclose information that has been restricted to business associates that may disclose the information to the health plan.

You have the right to request confidential communications. For example, you may prefer that we call your cell phone number rather than your home phone.

These requests must be in writing, may be revoked in writing, and must give us an effective means of communication for us to comply. If the alternate means of communications incurs additional cost, that cost will be passed on to you.

Your medical records are legal documents that provide crucial information regarding your care. You have the right to request an amendment to your medical records, but you must make this request in writing and understand that we are not required to grant this request.

You have the right to an accounting of certain disclosures of your protected health information, not including disclosures to you; disclosures pursuant to a valid authorization; disclosures for treatment, payment, and health care operations; and certain other disclosures permitted or required by law. This will tell you how we have used or disclosed your protected health information.

We are required to inform you of a breach that may have affected your protected health information.

- You have the right to receive a copy of this notice upon request, electronic or paper or both. If you have any questions about our privacy practices, please contact our Privacy Officer at the number below. You also have the right to file a complaint with us or with the Office for Civil Rights. We will not discriminate or retaliate in any way for this action. To file a complaint, please contact the applicable party:

**Sheila Brumbeloe**

3056 Heathy Way Suite 124

Vestavia Hills, AL 35243

205-783-5323

[sbrumbeloe@alabamasleeptherapy.com](mailto:sbrumbeloe@alabamasleeptherapy.com)

**Office for Civil Rights**

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

We are required to abide by the policies stated in this Notice of Privacy Practices, which originally became effective September, 2013 and became effective in its current form October 2015. We reserve the right to change the terms of this Notice of Privacy Practices and to make the new terms effective for all protected health information that we maintain. We will post the revised Notice of Privacy Practices on our website and provide you with a paper copy upon request.