

# 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.**

As a customer of At Home Sleep Studies, LLC, you are entitled to certain services provided under the direction of your physician. In the course of providing these services to you, we may receive and exchange medical information necessary in the continuation of care. Federal law requires we protect the privacy of your medical information, which includes, but may not be limited to, information that identifies you and relates to your past, present, or future health or condition, the provision of health care to you, or payment for services received by you. At Home Sleep Studies, LLC, may exchange Protected Health Information (PHI) with other companies (Business Associates) to assist in providing these services to you.

Federal Law requires we provide you with this notice about its privacy practices and its legal duties regarding your medical information. This notice explains how, when, and why At Home Sleep Studies, LLC, may use and disclose your medical information. We may change our privacy practices and the terms of this notice at any time. Changes will be effective for all of your PHI. If the privacy practices changes, we will mail you a new notice of privacy practices that incorporates any changes within sixty (60) days.

**Certain uses and disclosures do not require your written permission. At Home Sleep Studies, LLC, may use and disclose your medical information without your written permission for the following purposes:**

**For services/treatment; to obtain payment for services/treatment; for health care operations; to you and your personal representative; when a disclosure is required by law; to Business Associates.**

For other uses and disclosures permitted by law:

- To public health authorities for public health purposes
- To state agencies handling cases of abuse, neglect, or domestic violence
- To a government agency authorized to oversee the health care system or government programs
- To comply with legal proceedings, such as a court or administrative order or a subpoena
- To law enforcement officials for limited law enforcement purposes
- To a coroner, medical examiner, or funeral director about a deceased person
- To an organ procurement organization in limited circumstances
- To avert a serious threat to your health or safety or the health or safety of others
- To military authorities if you are a member of the armed forces or a veteran of the armed forces
- To federal officials for lawful intelligence, counter-intelligence, and other national security purposes
- To an executor or administrator of your estate
- To any other persons and or entities authorized under law to receive medical information

## **ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN PERMISSION**

Any other use or disclosure of your medical information At Home Sleep Studies, LLC, must have your written permission. You may cancel your written permission for the use and disclosure of any and/or all of your medical information, however we may complete any action initiated prior to revocation, and which rely on release/exchange of PHI for completion.

## **YOUR RIGHTS**

You may make a written request to us to do one or more of the following concerning your PHI received by us or our Business Associates:

- Add additional limitations on the uses and disclosures of your medical information
- Choose how we send PHI to you
- See and get copies of your PHI
- Get a list of certain uses and disclosures of your PHI
- Get a copy of this notice
- File a complaint if you think we have violated your privacy rights regarding your PHI

Although At Home Sleep Studies, LLC, will utilize its best efforts to comply with your request, we may legally deny your request in certain circumstances. We will notify you of the reason for the denial and you will get a chance to respond. We may not deny a request to communicate with you in confidence by a different means or location if the current means or location used by us endangers you. Your request to communicate by a different means or location must be in writing, include a statement that disclosure of all or part of the PHI by the current means could endanger you, and specifically state the different means or location by which you would like us to communicate with you. If you believe your privacy or security rights have been violated, you can file a complaint with AHSS Privacy & Compliance Officer or with the Secretary of Health & Human Services or the Office for Civil Rights. We will not retaliate against you for filing a complaint. to the following address:

**At Home Sleep Studies LLC**  
Privacy & Compliance Officer  
1661 E. Flamingo Rd. #4B  
Las Vegas, NV 89119  
(702) 463-8062  
athomesleepstudies@ymail.com

**Secretary of Health & Human  
Services of Nevada**  
4126 Technology Way, Suite 100  
Carson City, Nevada 89706  
Phone: (775) 684-4000  
Email: nvdhhs@dhhs.nv.gov

**ACHC**  
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Phone 855-937-2242  
Local 919-785-1214  
Email: customerservice@achc.org

Michael Leoz, Regional Manager  
**OFFICE FOR CIVIL RIGHTS**  
U.S. Department of Health &  
Human Services  
90 7th Street, Suite 4-100  
San Francisco, CA 94103