



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 CAREFULLY.

THIS NOTICE WILL TAKE EFFECT ON January 1, 2014 AND WILL REMAIN IN EFFECT UNTIL REPLACED.

1. OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive in our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care.

This notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations 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 or condition and related health care services.

2. OUR LEGAL RESPONSIBILITY

Law Requires Us To:

- 1) Keep your medical information private.
- 2) Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.

3) Follow the terms of the notice that is now in effect.

We Have The Right To:

- 1) Change our privacy practices and terms of this notice at any time, provided those changes are permitted by law.
- 2) Make changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including previously created or received before the changes.

Notice Of Change To Privacy Practices:

Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

There are different ways in which we use and disclose medical information. Not every use or disclosure will be listed; however, we have listed the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide us may be revoked at any time by submitting that request in writing to us.

FOR TREATMENT – We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technologist, medical students or other people who are taking care of you. Different departments of our facility also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work or special diets. We also may disclose health information about you to people outside the facility who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care. When required to, we will obtain your authorization before disclosing any of your information. For example, your authorization is necessary for most uses and disclosures of psychotherapy notes.

Payment - We may use and disclose health information about you so that we can bill and receive payment for the treatment and services you receive at the facility and so that other providers can bill and be paid for the treatment services they provide. We have to follow Maryland law that limits the amount of health information we can disclose about you. For example: we may send a bill to you or someone who has agreed to pay your medical bills, such as an insurance carrier or Medicaid. The information we send to an insurer may include your name, the date you were admitted to our facility, the date you became ill, the date you are discharged from our facility, your diagnosis, a brief description of the type and number of services we provide you, your status, and your relationship to the person who has agreed to pay your bills.

Health Care Operations - We may use and disclose health information about you to operate the facility and to make sure that all individuals in the facility receive quality care. For example: we may disclose information to physicians and other treatment professionals so that they can review and make suggestions about your care or so they can learn something new about treatment. We may combine the health information we have with health information from other facilities operations to compare how we are doing and see where we can make improvements in care and services.

Appointment Reminders - We may also use and disclose health information to contact you as a reminder that

you have an appointment or missed an appointment for treatment in order to reschedule.

Required by Law - We will disclose health information about you when we are required to do so by a federal, state, or local law or regulation.

Workers' Compensation - We may release health information about you for workers' compensation or similar programs that provide benefits for work-related injuries of illness, as authorized by, and to the extent we are required to do so to comply with, law.

Health Oversight Agencies - We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensing.

To Avert A Serious Threat To Health Or Safety - We may use and disclose minimally necessary health information about you when necessary to prevent a serious threat to your health and safety of the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. The following categories describe different ways that we use and disclose medical information. Each category of uses or disclosures will be explained but not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Coroners, Medical Examiners and Funeral Directors - We may release health information regarding decedents to coroners, medical examiners, or funeral directors, as authorized by law.

Judicial and Administrative Proceedings - When a court orders us to disclose health information, we will disclose the information that the court orders. We will also disclose health information in response to a subpoena that meets the requirements of Maryland law.

Law Enforcement Officials - We may disclose health information to a law enforcement official in response to a valid subpoena or other legal process or if the disclosure is required by state or federal law.

Military and Veterans - If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Research - We may disclose aggregate health information to researchers, when this information does not identify you or any other person or when research has been approved by an institutional review board that has established procedures to ensure the privacy of your health information.

Victims of Abuse and Neglect - If we reasonably believe that you are a victim of abuse or neglect, we will disclose health information about you to a government agency authorized by law to receive such information, to the extent that we are required to do so by law.

Other uses and disclosures will be made only with your written authorization (permission). You may revoke your authorization in writing at any time, except to the extent that we have acted in reliance on the authorization.

4. Your Rights Regarding Health Information About You

You have the following rights regarding the health information we maintain about you:

Right to Inspect and Copy - You have the right to inspect and copy health information that we maintain about you as allowed by state and federal law. If you request a copy of your information, we may charge a fee for copying, labor, supplies and mailing.

We may deny your request in certain circumstances. If you are denied access to your health information, you may request that the denial be reviewed. A physician or a licensed clinical psychologist not involved with your care will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. If you are denied access to any portion of your record, you have the right to ask that a psychiatrist, doctor, psychologist or lawyer of your choosing get a copy of what has been denied to you.

Right to Amend - If you feel that health information that we have about you is incorrect or incomplete, you may ask us to amend, or correct, the information. You have the right to request an amendment for as long as the information is kept by or for us.

We may deny your request to amend information that:

- Was not created by us, unless the person or organization that created the information is no longer available to make the amendment.
- Is not part of the health information kept by or for us.
- Is not part of the information that you would be permitted to inspect and copy.
- Is accurate and complete.

If your request is denied, you have the right to ask us to put a statement of disagreement in your record.

Right to an Accounting of Disclosures - You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of your health information. We are not required to account for routine disclosures, for example disclosures between USA Sleep staff regarding your care.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to:

info@usasleepservices.com

In your request you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications - You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to:

info@usasleepservices.com

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right To Know About a Breach - You have the right to be notified when a breach of your unsecured protected health information has occurred.

Right to a Copy of This Notice - You have the right to a copy of this notice. Copies are available in our admitting and registration areas, and a copy is posted at our Website at www.usasleepservices.com/privacypractices.

Changes to This Notice - We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility in our Admitting Offices. This notice will contain the effective date. In addition, each time you are in our facility for treatment we will offer you a copy of the current notice in effect.

Complaints - If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Secretary of the Department of Health and Human Services. To file a complaint with our facility, contact the Patient Safety Officer/Compliance Officer at 888-792-4445. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Health Information - Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we have provided you.

5. QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think we may have violated your privacy rights, please contact us:

USA Sleep Diagnostic Mobile
Services, LLC
9520 Berger Road Suite 212
Columbia, MD 21046
888-792-4445

You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.