

# **HIPAA Notice Of Privacy Practices**

Sleep Centers of Middle Tennessee, PLLC

*Effective Date: June 1, 2019*

We at Sleep Centers of Middle Tennessee, PLLC (“we,” “us” or “our”) take the privacy of your personal health information (or **PHI**) seriously. Pursuant to our obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are providing you with this Notice of Privacy Practices.

## Overview

This notice describes how we may use or disclose your health information and how you can get access to your individually identifiable health information. 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 practice concerning your PHI. We must follow the terms of this Notice as in effect at the time. PLEASE READ IT CAREFULLY.

We are required by law to maintain the privacy of your PHI, provide you with notice of our legal duties and privacy practices with respect to PHI, and notify you if your PHI is affected in a breach of unsecured PHI.

## Our Use and Disclosure of PHI

We use and disclose your health information for normal health care business activities that fall in the categories of treatment, payment and healthcare operations. Some examples of these activities, but not all, are set out below.

Treatment – We keep a record of the health information you provide us for treatment purposes. These records may include your test results, diagnoses, medications, your response to medications or other therapies. We may disclose this information to other health care providers, such as outside doctors, nurses, or laboratories, as part of your ongoing healthcare needs.

Payment – We document the services and supplies you receive when we provide care to you so that you, your insurance company or another third party can pay us. We may tell your health plan about upcoming treatment or services that require prior approval by your health plan.

Healthcare Operations – We may use your health information to improve the services we provide, to train staff, for business management, quality assessment and improvement, and for customer service. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. In other cases we may communicate with individuals involved in your care or payment for that care, such as friends and family and send appointment reminders.

## Other Uses or Disclosures

We may also use your health information to:

- Comply with federal, state or local laws that require us to disclose your PHI
- Assist in public health activities such as tracking diseases or medical devices.
- Inform authorities to protect victims of abuse or neglect.
- Comply with federal and state health oversight activities such as fraud investigations.
- Respond to law enforcement officials or to judicial orders, subpoenas or other process.
- Inform coroners, medical examiners and funeral directors of information necessary for them to fulfill their duties.
- Facilitate organ or tissue donations.
- Conduct medical research, but only after following internal review protocols that consider the privacy of your information.
- To help prevent serious threats to health or safety.
- Assist in specialized government functions such as national security, intelligence and protective services.
- Inform military and veteran authorities if you are an armed forces member (active or reserve).
- Inform workers' compensation carriers or your employer if you are injured at work.
- Recommend treatment alternatives or tell you about health-related products and services.
- Provide information to other third parties with whom we do business, such as a record storage provider. We require third parties in such situation to provide us with assurances that they will safeguard your information.
- Disclose your information to family, friends and other persons who are involved in your medical care. You have the right to object to the sharing of this information. Disclosures may only occur without authorization in instances of emergency or incapacity to effect treatment or care.

All other uses and disclosures, not previously described, may only be done with your written authorization. We will also obtain your authorization before we use or disclose your health information for marketing purposes or before we would sell your information. You may revoke your authorization at any time; however, this will not affect prior uses and disclosures. In some cases state law may require that we apply extra protections to some of your health information.

### Our Responsibilities Regarding Your Health Information

We are required by law to:

- Maintain the privacy of your health information.
- Provide this Notice of our duties and privacy practices.
- Abide by the terms of the Notice currently in effect.
- Tell you if there has been a breach that compromises your health information.

### Your Legal Rights Respecting Your PHI

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

- Right to Inspect and Receive Copies of Your Records. In most cases, you have the right to inspect or receive copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.
- Right to Request a Correction or Update of Your Records. You may ask us to amend information you feel to be incorrect or add missing information to your records. You must make the request in writing and provide a reason for your request. We may deny your request in certain limited circumstances.
- Right to Get a List of Disclosures. You have the right to ask us for a list of disclosures or access report made within the last three years. You must make the request in writing. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- Right to Request Limits on Uses or Disclosures of PHI. You have the right to ask that we limit how we use or disclose your information. You must make the request in writing to us and tell us what information you want to limit and to whom you want the limits to apply. We are not required to agree to the restriction, unless the restriction is for disclosures to a health plan for carrying out payment or health care operations that are not otherwise required by law, and the PHI pertains solely to a health care item or service for which you personally, and not your plan, have paid in full. You can request that the restrictions be terminated in writing or verbally.

- Right to Revoke Permission. If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing to us. This will not affect information that has already been shared.
- Right to Choose How We Communicate with You. You have the right to request that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- Right to Get a Paper Copy of this Notice. You have the right to ask for a paper copy of this notice at any time.

We may ask that you make some of these requests in writing.

#### Revisions to Our Notice of Privacy Practices

We reserve the right to change our privacy practices and to make the new practices effective for all the information we maintain. We will post revised notices on this website and mobile application.

#### Compliant Procedure

If you believe that the privacy of your PHI has been compromised by us, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with the facility or the Secretary.

To file a complaint with us or receive more information contact:

Sleep Centers of Middle Tennessee, PLLC  
ATTN: Privacy Officer  
Phone: Janice Henderson  
E-Mail: [jhenderson@sleepcenterinfo.com](mailto:jhenderson@sleepcenterinfo.com)

To file a complaint with the Secretary of Health and Human Services:

US Secretary of Health and Human Services  
200 Independence Ave., S.E.,  
Washington, D.C. 20201  
1-800-537-7697

For an on-line complaint, sign onto:

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.

If you have any questions regarding this notice or our health information privacy policies, you may contact our Privacy Officer at 615-893-4896.