



## NOTICE OF PRIVACY PRACTICES

**Notice of Privacy Practices Revised: 2021-07-23**

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.

Sleep Apnea and its Affiliates (each defined below), are committed to the protection and privacy of Protected Health Information (defined below). This Notice of Privacy Practices ("POLICY") describes how Sleep Apnea may use and disclose the Protected Health Information of an individual ("PATIENT", "YOU" OR "YOUR"), in order to provide certain services, to obtain payment for such services and to carry out other purposes that are described herein or permitted or required by law.

Sleep Apnea is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information and to provide you with notice of Sleep Apnea's legal duties and privacy practices concerning Protected Health Information. Sleep Apnea is required to abide by the terms of this Policy so long as it remains in effect. Sleep Apnea reserves the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Policy effective for all Protected Health Information maintained by Sleep Apnea.

### POLICY

#### 1. DEFINITIONS

**"AFFILIATE"** of Sleep Apnea means any legal entity in which Sleep Apnea, directly or indirectly, controls or is under common control with that legal entity.

**"CONTROL"** means the direct or indirect possession of the power to direct or cause the direction of the management and policies of an entity, whether through ownership, by contract or otherwise.

**"SLEEP APNEA", "WE", "US" or "OUR"** means Sleep Apnea together with its Affiliates.

**"PROTECTED HEALTH INFORMATION" ("PHI")** means individually identifiable health information, as defined by HIPAA, that is created or received by Sleep Apnea and that relates to the past, present, or future physical or mental health or conditions of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

#### 2. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

##### 2.1. YOUR AUTHORIZATION

Except as outlined below, Sleep Apnea will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that Sleep Apnea has taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and Sleep Apnea has the right to contest a claim under the coverage or the coverage itself.

##### 2.2. USES AND DISCLOSURES FOR PAYMENT

Sleep Apnea may use and disclose your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. Sleep Apnea may also disclose your PHI for the payment purposes of a health care provider or a health plan.

##### 2.3. USES AND DISCLOSURES FOR HEALTH CARE OPERATIONS

Sleep Apnea may use and disclose your PHI as necessary for health care operations. These may include activities such as insurance, reinsurance, compliance, auditing, business management, and quality improvement.

#### **2.4. FAMILY AND FRIENDS INVOLVED IN YOUR CARE**

If you are available and do not object, Sleep Apnea may disclose your PHI to your family, friends, and others involved in your care or payment. If you are unavailable or incapacitated, we may use our judgment to determine what is in your best interest.

#### **2.5. BUSINESS ASSOCIATES**

Sleep Apnea may share your PHI with vendors and contractors (business associates) who need the information to assist us in providing services. These associates are legally required to protect your PHI.

#### **2.6. OTHER PRODUCTS AND SERVICES**

Sleep Apnea may contact you about other health-related services that may interest you.

#### **2.7. OTHER USES AND DISCLOSURES**

Sleep Apnea may also disclose PHI without your authorization in these cases:

- As required by law
- For public health reporting
- For suspected abuse or neglect
- For oversight audits or investigations
- For court or administrative proceedings
- For law enforcement
- For decedent investigations
- For organ donation purposes
- For research permitted by law
- To prevent serious health threats
- For military or national security functions
- For workers' compensation
- To the Department of Health and Human Services
- To provide appointment reminders
- To business associates who perform services
- To create de-identified data, which may be used or disclosed for lawful purposes

Sleep Apnea will comply with any more stringent privacy requirements applicable under other laws.

### **3. RIGHTS THAT YOU HAVE**

#### **3.1. ACCESS TO YOUR PHI**

You have the right to inspect or obtain a copy of your PHI. Requests must be in writing and signed.

#### **3.2. AMENDMENTS TO YOUR PHI**

You may request corrections to your PHI. Requests must be in writing and signed, including the reason for the change.

#### **3.3. ACCOUNTING FOR DISCLOSURES**

You may request a list of certain disclosures made by Sleep Apnea. Requests must be in writing and signed.

#### **3.4. RESTRICTIONS ON USE AND DISCLOSURE**

You may request that we limit the way we use or disclose your PHI. While Sleep Apnea is not required to agree to all requests, we will make reasonable efforts to comply.

#### **3.5. CONFIDENTIAL COMMUNICATIONS**

You may request to receive communications in a particular way or at a specific location. Sleep Apnea will accommodate reasonable requests.

#### **3.6. COPY OF THIS NOTICE**

You may request a paper copy of this Policy at any time.

#### **3.7. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Sleep Apnea or the U.S. Department of Health and Human Services. You will not face retaliation for filing a complaint.

### **4. FOR FURTHER INFORMATION**

If you have questions or need help, contact:

**Sleep Apnea Compliance Department**

536 Old Howell Road

Greenville, SC 29615

Phone: 866.527.5970

**YOUR SIGNATURE ON THE PATIENT SERVICE AGREEMENT ACKNOWLEDGES THAT YOU HAVE RECEIVED A COPY OF THIS NOTICE OF HIPAA PRIVACY PRACTICES POLICY.**