

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY AND SIGN BELOW.

Uses & Disclosures

Treatment: Your health information may be used by staff members, students, or disclosed to other health care professionals for the purpose of evaluation your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may be consulted by staff members.

Teaching Facility: Medical students, premed students, nursing and physician assistant students may be present for training in our medical facility. We also assist in training medical office assistants and co-op students. All students are required to sign and agree to strict confidentiality standards.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations: Your health information may be used, as necessary, to support the day-to-day activities and management of **SOUND aSLEEP Sleep Diagnostic Lab**. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. To further protect privacy we employ a professional copy service, shredding service, and medical waste disposal service.

Law enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures that may require authorization: Disclosure of your health information or its use for any purpose other than those listed above that require your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation. However, your decision to revoke the authorization will not affect or undo any prior use or disclosure of information that occurred before submitting said revocation.

Appointment reminders: Your health information will be used by our staff to send you appointment reminders.

Information about treatments: Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also

send you information describing other health-related goods and services that we believe may interest you.

Individual Rights: You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an account of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Sound aSleep: We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices: As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required due to changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information: As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records from the **Clerical Manager** or **Physician**.

Complaints: If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Sound aSleep.
4701 Towne Centre Rd. Suite 203
Saginaw, MI 48604

If you believe that your privacy rights have been violated, please send a letter describing the cause of your concern to the above address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person: The name and address of the person to contact for further information concerning our privacy practices is:

Office Manager – Sound aSleep
4701 Towne Centre Rd. Suite 203
Saginaw, MI 8604

Effective Date: This notice is effective on or after January 1, 2003.

Signature: _____ Date: _____
Family Member (if Minor): _____ Relation: _____