



ADVANCED SLEEP LABS
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Notice of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your **Protected Health Information (PHI)**. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. 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. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligation concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your **PHI** that are created or retained by our practice. We reserve the right to revise or amend this **Notice of Privacy Practices**. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current **Notice** in our offices in a visible location at all times, and you may request a copy of our most current **Notice** at any time.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

ASL Privacy Officer, 525 N. KEENE ST., SUITE 302 COLUMBIA, MO 65201.

Phone: 573-441-0455.

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your PHI.

1. **Treatment.** We may use or disclose your PHI to provide you with medical treatment and health care services. We may share your PHI with or request it from doctors, nurses, technicians, medical facilities, interns, hospitals or others who are involved in taking care of you during your visit with us or elsewhere for continuity of care.

2. **Payment.** We may use or disclose your PHI so the treatment and services you receive may be billed to and payment collected from you, an insurance company or other payer. This may also include the release of PHI to obtain prior authorization for treatment and procedures from your insurance plan.

3. **Health Care Operations.** These uses or disclosures are necessary to operate our health care facility and make sure all of our patients receive quality care. We may use only the minimum necessary patient identifiers for these purposes. Some of these uses may include quality assurance activities; administrative activities, including financial and business planning; customer service activities, including investigation of complaints; auditing and compliance program activities; and educational and training activities.

4. **Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment or medical care.

5. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. **Health-Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits and services that may be of interest to you.

7. **Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby-sitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby-sitter may have access to this child's medical information with your written consent.

8. Disclosures Required By Law. Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your Protected Health Information.

1. Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury, or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled or withdrawn, needs repairs or replacement
- Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by

another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
- Concerning a death, we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena, or similar legal process
- To identify/locate a suspect, material witness, fugitive, or missing person.
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator)

5. Deceased Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Research. Advanced Sleep Labs, LLC may use and disclose your PHI for health research. Before using your PHI in a research project, Advanced Sleep Labs, LLC will either obtain your written permission or obtain permission from an Institutional Review Board (IRB) that approves such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects research to protect the safety of the participants and the confidentiality of your personal information. The IRB will only give its permission if the proposed use of your PHI has met HIPAA's requirements for release for research purposes. We may also use or share your information to plan a research project or tell you about research opportunities that might interest you. We may contact you about these research opportunities by mail, phone, or email if you have provided it to us.

7. Serious Threats to Health or Safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent or lessen the threat.

8. Military. Our practice may disclose your PHI if you are a member of the U.S. Armed Forces, a veteran, or a member of foreign military forces for activities deemed necessary by appropriate military command authorities, including the Department of Veteran's Affairs for the purpose of your eligibility for or entitlement to certain benefits provided by law.

9. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

10. **Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you (b) for the health, safety and security of the institution, and its officers and employees and/or (c) to protect your health and safety or the health and safety of other individuals.

11. **Workers' Compensation.** Our practice may release your PHI for workers' compensation and similar programs to the extent necessary to comply with applicable laws.

12. **Fundraising Activities.** We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, contact ASL Privacy Officer, 525 N. KEENE ST., SUITE 302 COLUMBIA, MO 65201, Phone: 573-441-0455. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to ASL Privacy Officer, 525 N. KEENE ST., SUITE 302 COLUMBIA, MO 65201, Phone: 573-441-0455. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure, or both; and
- (c) to whom you want the limits to apply.

3. **Restrict Release Of Information For Certain Services.** You have the right to restrict the disclosure of information regarding services for which you have paid for in full and out of

pocket. This information can be released only upon your written authorization.

4. Breach Notification. You have the right to be notified of any breach of your unsecured healthcare information.

5. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. However, you may not obtain psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal, or administrative action or proceeding. You must submit your request in writing to ASL Privacy Officer, 525 N. KEENE ST., SUITE 302 COLUMBIA, MO 65201, Phone: 573-441-0455 in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

6. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by our practice. To request an amendment, your request and reason for the request must be made in writing and submitted to ASL Privacy Officer, 525 N. KEENE ST., SUITE 302 COLUMBIA, MO 65201, Phone: 573-441-0455. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) was not created by our practice, unless the individual or entity that created the information is not available to amend the information.

7. Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures”. An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to ASL Privacy Officer, 525 N. KEENE ST., SUITE 302 COLUMBIA, MO 65201, Phone: 573-441-0455. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date the “accounting of disclosures” is requested and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period.

Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

8. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact ASL Privacy Officer, 525 N. KEENE ST., SUITE 302 COLUMBIA, MO 65201, Phone: 573-441-0455. You may visit our website: www.advancedsleeplabs.net where you can download a copy as well.

9. Right to Provide an Authorization for Other Uses and Disclosures. Other Permitted and Required Uses and Disclosures not set forth in this Notice will be made only with your written consent, authorization or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your PHI for marketing purposes. We may not sell your PHI without your written authorization. We may not use or disclose most psychotherapy notes contained in your PHI without your authorization. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. We are required to retain records of your care.

10. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact ASL Privacy Officer, 525 N. KEENE ST., SUITE 302 COLUMBIA, MO 65201, Phone: 573-441-0455.

It is your right to express a concern or file a complaint/grievance and receive a prompt response. Furthermore, all communications are guaranteed to be handled in a confidential manner and no adverse reaction will occur as the result of any comments made. We value your opinion and use all comments, both positive and negative, to improve our services.

To obtain copies of ASL's rights and responsibilities and HIPAA privacy policy, call Advanced Sleep Labs at (573) 441-0455 or visit our website at www.advancedsleeplabs.net where you can access/download these forms. If you would prefer to put your comment, or file a complaint/grievance in writing, you may request a form from any staff personnel or send a letter or fax to:

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