



United Sleep Diagnostics

NOTICE OF PRIVACY PRACTICE

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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR RESPONSIBILITIES UNDER HIPAA:

We are required by law to (1) maintain the privacy of Protected Health Information, hereafter referred to as “Health Information,” (2) give you this notice of our legal duties and privacy practices regarding health information about you, and (3) follow the terms of our notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

We may use or disclose your Health Information for treatment, payment, and healthcare operations. In addition to these purposes, you may give us written authorization to use your Health Information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time by writing to our Privacy Officer. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. You may also request restricted disclosure of your Health Information. (See “Right to Request Restrictions” below).

USES AND DISCLOSURES FOR TREATMENT:

We may use or disclose your Health Information to a physician or other healthcare provider providing treatment to you.

USES AND DISCLOSURES FOR PAYMENT:

We may use and disclose your Health Information as necessary for payment purposes. For instance, we may use and disclose information regarding your medical care for processing and payment of claims.

USES AND DISCLOSURES FOR HEALTH CARE OPERATIONS:

We may use and disclose your Health Information for day-to-day office business activity in connection with our healthcare operations. Healthcare Operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation certification, licensing or credentialing activities.

APPOINTMENT REMINDERS:

We may use and disclose Health Information to contact you and to remind you that you have an appointment with us as well as send you information by mail regarding your appointment with us.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:

When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend, but only if you agree that we may do so. We may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

MARKETING HEALTH-RELATED SERVICES:

We will not use your Health Information for marketing communications without your written authorization.

BUSINESS ASSOCIATES:

We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services, if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as agreed upon.

PUBLIC HEALTH RISKS:

We may use and disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability, and child/elderly abuse or neglect. We will contact the appropriate government agency if we believe that the patient has been a victim of abuse, neglect, domestic violence or the possible victim or other crimes. We may disclose and use your Health Information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

AS REQUIRED BY LAW:

We may use or disclose your Health Information when we are required to do so by law.

LAW ENFORCEMENT:

We may release Health Information if asked by a law enforcement official if the information is (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about a victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises. We may disclose Health Information in an emergency to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:

We may release Health Information to authorized federal officials related to national security activities authorized by law.

LAWSUITS AND DISPUTES:

If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We may also disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

YOUR RIGHTS- You have the following rights regarding the Health Information we have about you:**RIGHT TO INSPECT AND COPY:**

You have a right to inspect and receive a copy of Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and receive a copy of this Health Information, you must make your request, in writing, to the Office Administrator.

RIGHT TO AMEND:

If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. We are not required to agree to your request. If we agree, we will comply with your request. To request an amendment, you must make your request in writing to the Office Administrator.

RIGHT TO AN ACCOUNTING OF DISCLOSURES:

You have the right to request a list of certain disclosures we made for Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing to the Office Administrator.

RIGHT TO REQUEST RESTRICTIONS:

You have the right to request that we place additional restrictions on our use or disclosure of your Health Information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:

You have the right to request that we communicate with you about your Health Information by alternative means or to alternative locations, for example by mail or at work. You must make your request in writing to the Office Administrator. You must specify how and where you wish to be contacted. We will accommodate reasonable requests.

RIGHT TO A PAPER COPY OF THIS NOTICE:

You have a right to a paper copy of this notice. Even if you agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a copy of this notice, please ask your technician or other member of our staff.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to the Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Dept. of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint. To file a complaint with our office, contact our Privacy Officer at the following address:

Shirley Baldini
2241A North University Drive
Pembroke Pines, Florida 33024