

# Pulmonary & Sleep Consultants, LLC

## Serenity Sleep Institute

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**“Breathe Easier, Sleep Better”**

### **PULMONARY & SLEEP CONSULTANTS, LLC NOTICE OF PRIVACY PRACTICES**

**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.**

PULMONARY & SLEEP CONSULTANTS, LLC is required by law to maintain the privacy of protected health information and to provide you with notice of its duties and privacy practices. PULMONARY & SLEEP CONSULTANTS, LLC must abide by the terms of the notice currently in effect. PULMONARY & SLEEP CONSULTANTS, LLC may change the terms of our notice, at any time. The new Notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by mail or hand delivery.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your right to access your protected health information. “Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

The following section describes different ways that we use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

**For Treatment** - We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes any coordination or management of your health care with other agencies that have your permission to have access to your protected health information. This may include family members and other caregivers who are part of your plan of care.

**For Payment** – Your protected health information will be used as needed to obtain payment for your health care services. This may include your insurance company, self-funded or third party health plan, Medicare, Medicaid, or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services.

**For Healthcare Operations** – We may use or disclose, as needed, your protected health information in order to support the business of PULMONARY & SLEEP CONSULTANTS, LLC. These activities might include quality assessment, employee performance evaluations, licensing, accrediting bodies and training activities. We may contact you to remind you of appointments or inform you of other health activities we provide.

**Uses and Disclosures of Protected Health Information Based on Your Written Authorization** – Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing except in limited situations.

**Opportunity to agree to or prohibit** – PULMONARY & SLEEP CONSULTANTS, LLC is permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit the disclosure in the following circumstances. If you are not present or able to agree or object to the use or disclosure, then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest.

- The use of a directory of individuals served by PULMONARY & SLEEP CONSULTANTS, LLC.
- To a family member, relative, friend, or other identified person, the information relevant to such person’s involvement in your care or payment for care.

**Uses and disclosures that may** be made without your consent, authorization or opportunity to object. These situations include:

- In emergency treatment situations PULMONARY & SLEEP CONSULTANTS, LLC will attempt to obtain consent as practicable after treatment.
- Where substantial barriers to communicating with you exist and PULMONARY & SLEEP CONSULTANTS, LLC determine that the consent is clearly inferred from the circumstances.

**Required by law** – we may use or disclose your protected health information to the extent that law requires the use or disclosure. The use of disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health** – We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. The disclosure may be made to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, to enable product recalls, repairs or replacements to track products, or to conduct activities required by the Food and Drug Administration. We may also disclose your protected health information, if authorized by law, to the person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Abuse and neglect** – We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. We may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information.

**Health oversight** – We may disclose protected health information to an agency providing health oversight for oversight activities authorized by law, including audits, licensure, inspections and investigations.

**Legal proceedings** – We may disclose health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, subpoena discovery request or other lawful process.

**Law Enforcement** – We may disclose protected health information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person, and we may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

**Coroners, Funeral Directors and Organ Donations** – We may disclose protected health information to a coroner or medical examiner for identification purposes for determination of death or for the coroner or medical examiner to perform other duties authorized by law. We may disclose information to a funeral director as authorized by law, in order to permit them to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

**Criminal activity** - We may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Military Activity and National Security** – When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel:

1. For activities deemed necessary by appropriate military command authorities.
2. For the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.
3. To foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other legally authorized.

**Workers Compensation** - Your protected health information may be disclosed as authorized to comply with workers compensation laws and other similar programs

**Research** – We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Required uses and disclosures** - Under the law, we must make disclosures to YOU. We must make disclosures required by the Secretary of the Department of Health and Human Services to investigate our compliance with the requirement of Section 164.500 et. seq.

## Your Rights

- You have the right to access to inspect and copy your protected health information. This request must be in writing and include records in the “Designated record set”. The designated record set consists of your medical and billing file. This information may be given to you in summary form. If you request copies, there is a fee per page, \$1.00 first page, .25 cents each page after.
- You have the right to request a restriction of your protected health information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may request that any part of your information not be disclosed to family members or friends who may be involved in your care or for notification purposes. The request must state the specific restriction requested. PULMONARY & SLEEP CONSULTANTS, LLC is not required to agree to the restriction. You may request a restriction by completing the Request of Restriction of Protected Health Information. This form can be obtained from PULMONARY & SLEEP CONSULTANTS, LLC.
- You have the right to request to receive confidential communication from us by alternative means or at alternative location. PULMONARY & SLEEP CONSULTANTS, LLC will accommodate reasonable requests. You may request this by completing the Request for confidential communication of Protected Health Information form. This form can be obtained from PULMONARY & SLEEP CONSULTANTS, LLC.
- You have the right to have your protected health information amended. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. We may deny your request. If we deny your request, we will provide you a written explanation. If we deny the request, you may respond with a statement of disagreement that will be added to the information you wanted changed. To request an amendment, you need to complete a Request for Amendment of Protected Health Information form. This form can be obtained from PULMONARY & SLEEP CONSULTANTS, LLC.
- You have the right to receive an accounting of certain disclosures we have made of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, to family members, or friends involved in your care or for notification purposes. You may request this accounting by completing a Request for Accounting of Disclosures form.
- You have the right to obtain a paper copy of this notice from us, even if you have agreed to accept this notice electronically.

**Complaints** - You may complain to PULMONARY & SLEEP CONSULTANTS, LLC and the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing and with PULMONARY & SLEEP CONSULTANTS, LLC and should state the specific incident(s) in terms of subject, date, and other relevant matters. A complaint to the Secretary must comply with the standards set out in 45 CFR 160.306. For further information regarding filing a complaint with the PULMONARY & SLEEP CONSULTANTS, LLC, contact: Center Manager at 986-9151.