# **Notice of Privacy Practices (HIPAA)**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

# **Commitment to Privacy:**

SleepQuest is dedicated to maintaining the privacy of your healthcare information and we are required by law to maintain the confidentiality of information that identifies you. Any use of healthcare information beyond the uses described below requires your individual written authorization. The Health Insurance Portability and Accountability Act (HIPAA) obligates SleepQuest to provide you with a copy of our Privacy Notice, outlining our privacy practices and how we safeguard your health information. SleepQuest abides by the terms of the Privacy Notice currently in effect and reserves the right to revise or amend the notice, as needed.

# **Your Health Information Rights:**

Although your health record is the physical property of the healthcare facility that compiled it, the information belongs to you. You have the right to:

- » Request a restriction on certain uses and disclosures of your information;
- » Obtain a paper copy of the notice of privacy practices;
- » Inspect and copy your health care record;
- » Obtain an accounting of disclosures of your health information;
- » Request confidential communication;
- » Amend your healthcare record;
- » Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

# Our Responsibilities: SleepQuest is required to:

- » Maintain the privacy of your health information;
- » Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- » Abide by the terms of this notice;
- » Notify you if we are unable to agree to a requested restriction;
- » Accommodate reasonable requests you may have to communicate health information by alternative means.

SleepQuest reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to your address on file. We will not use or disclose your health information without your authorization, except for treatment, payment, and healthcare operations.

# Examples of Disclosure for Treatment, Payment, and Healthcare Operations:

We will use your health information for treatment:

Information obtained by our company will be documented in your healthcare record and will be used to provide you with durable medical equipment and/or supplies. The prescription that your physician has ordered will be part of the record and will determine the equipment and supplies that you receive.

We will use your health information for payment:

In order to determine your eligibility for equipment and/or supplies, SleepQuest may contact your insurance company and disclose healthcare related information. Also, SleepQuest will bill you or a third-party payer for services that you

receive from our company. The health information that identifies you, your diagnosis, equipment, and supplies may be included on this bill.

We will use your health information for healthcare operations:

SleepQuest may use your health information to evaluate the quality of care you receive from us, to conduct cost management assessments, and to plan business activities. This information is used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

## Other Uses or Disclosures:

# **Business Associates:**

There are some individuals who are under contract with SleepQuest and, from time to time, are engaged in the improvement or financial enhancement of our business. So that your health information is protected, however, we require any business associate to appropriately safeguard your information.

#### Public Health:

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

#### Law Enforcement:

We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

### Health Oversight Activities:

We may disclose health information to health oversight agencies for activities authorized by law, including surveys, audits, and compliance inspections.

# Worker's Compensation:

We may release your health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

# For More Information:

Please contact SleepQuest's Privacy Officer at (800) 813-8358, if you require additional information and/or want to pursue your rights, including:

- » Requesting restrictions;
- » Inspecting and copying your record;
- » Securing an accounting of disclosures;
- » Requesting additional disclosures;
- » Revoking authorizations at any time;
- » Filing a complaint

If you believe your privacy rights have been violated, you may contact our company's Privacy Officer. You may also file a complaint with the Secretary of Health and Human Services (Office of Civil Rights). There will be no retaliation for filing a complaint.