



Ohio Sleep Treatment LLC

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Purpose: Ohio Sleep Treatment is committed to protecting Health Information about you. Ohio Sleep Treatment and its employees, non-employees, and all of their affiliated entities follow the privacy practices described in this Notice. Ohio Sleep Treatment maintains your health information in records that are kept in a confidential manner, as required by law. Ohio Sleep Treatment must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

Use and Release of Your Health Information for Treatment, Payment, and Health Care Operations: Ohio Sleep Treatment has to use and release some of your health information to conduct its business. We are permitted to use and release health information without authorization from you. Treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with sleep physicians or other consultants to make a diagnosis. Ohio Sleep Treatment may use your health information as required by your insurer to determine eligibility or to obtain payment for your treatment. In addition, Ohio Sleep Treatment may use and disclose your health information to improve the quality of care, and for education and training purposes of Ohio Sleep Treatment employees or affiliates.

How Will Ohio Sleep Treatment Use and Disclose My Health Information?

Your health information may be used for the following purposes unless you ask for restrictions on a specific use or disclosure:

Note: You will have the opportunity to refuse some of these communications about your health information, indicated by (*).

- Family members or close friends involved in your care or payment for treatment. (*)
- Dental Sleep Solutions (DS3). DS3 is a secure computer system for health care providers to share your health information to support treatment, healthcare operations and continuity of care. Your record in the DS3 includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included are your full name, birth date and social security number. All information contained in the DS3 is kept private and used in accordance with applicable state and federal laws and regulations.
- Appointment reminders.
- To contact you regarding treatment alternatives.

- Public health activities, including disease prevention, injury or disability; reporting births and



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deaths; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.

- Health oversight activities, such as audits, inspections, investigations, and licensure.
- Law enforcement, as required by federal, state or local law.
- Lawsuit and disputes, in response to a court or administrative order, subpoena, discovery request or other lawful request.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities to authorized persons to conduct special investigations.
- To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

Your Authorization Is Required for Other Disclosures. Your authorization will be required for most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information. Except as described, we will not use or disclose your medical information without written permission. For example, we will not use your photographs for presentations outside Ohio Sleep Treatment without your written permission. You may withdraw or revoke your permission, which will be effective only after the date of your written withdrawal.

You Have Rights Regarding Your Health Information. You have the following rights regarding your medical information, if requested on the form(s) provided by Ohio Sleep Treatment:

- **Right to request restriction:** You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have had a particular procedure. We will release the information if necessary for emergency treatment. We will notify you in writing whether we honor your request or not.
- **Right to confidential communications.** You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.
- **Right to inspect and copy:** You have the right to review and obtain a copy of your medical or health record. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen Ohio Sleep Treatment. Ohio Sleep Treatment will comply with the outcome of the review.

Rights and Responsibilities

6500 Busch Blvd Suite 104 Columbus, OH 43229
sleeptreatmentoh.com



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You have the right to:

- Be treated in a dignified and respectful manner and to receive reasonable responses to reasonable requests for service.
- Effective communication that provides information in a manner you understand, in your preferred language with provisions of interpreting or translation services, at no cost, and in a manner that meets your needs in the event of vision, speech, hearing or cognitive impairments. Information should be provided in easy to understand terms that will allow you to formulate informed consent.
- Respect for your cultural and personal values, beliefs and preferences.
- Personal privacy, privacy of your health information and to receive a notice of the facility's privacy practices.
- To access, request amendments to and obtain information on disclosures of your health information in accordance with law and regulation within a reasonable time frame.
- Care or services provided without discrimination based on age, race, ethnicity, religion culture, language, physical or mental disability, and socioeconomic status, sex, sexual orientation, and gender identity or expression.
- Participate in decisions about your care. including developing your treatment plan
- Refuse care, treatment or services in accordance with law and regulation
- Receive information about the outcomes of your care, treatment and services, including unanticipated outcomes.
- Give or withhold informed consent when making decisions about your care, treatment and services.
- Receive information about benefits, risks, side effects to proposed care, treatment and services; the likelihood of achieving your goals and any potential problems that might occur during treatment and services and any reasonable alternatives to the care, treatment and services proposed.
- Give or withhold informed consent to recordings, filming or obtaining images of you for any purpose other than your care.
- Be free from neglect; exploitation; and verbal, mental, physical and sexual abuse.
- An environment that is safe, preserves dignity, and contributes to a positive self-image.
- Examine and receive an explanation of the bill for services. regardless of the source of payment

- Right to request amendment. If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by Ohio Sleep Treatment. Ohio Sleep Treatment is not required to accept the amendment.
- Right to accounting of disclosures. You may request a list of the disclosures of your health information that have been made to persons or entities during the past six (6) years prior to the request, except for disclosures for health care treatment, payment and operations, and disclosures based on patient authorization, or as required by law. After the first request, there may be a charge.
- Right to restrict certain disclosures to a Health Plan. You may request a restriction of certain



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disclosures of your protected health information to a health plan if you have paid out of pocket in full for the health care item or service.

- Right to a copy of this Notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this

Notice at our website, www.sleepreatmentoh.com

A more detailed Notice is also available at this website if you would like more information about these practices.

Requirements Regarding This Notice.

Ohio Sleep Treatment is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. Ohio Sleep Treatment may change this Notice, and these changes will be effective for health information we have about you, as well as any information we receive in the future.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with:

Office of Civil Rights

U.S. Department of Health and

Human Services

200 Independence Avenue, S.W.

Room 509 F, HHH Building

Washington, D.C. 20201

We will not penalize or retaliate against you in any way for making a complaint to Ohio Sleep Treatment or to the Department of Health and Human Services. We will notify you in the unlikely event of a breach of your unsecured protected health information.