

## **HIPAA NOTICE OF PRIVACY PRACTICES**

**THIS HIPAA NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS MEDICAL INFORMATION. PLEASE READ IT CAREFULLY.**

This Notice applies to the staff, volunteers, business associates, technicians, and physicians who provide services on behalf of any sleep lab or home care/durable medical equipment (DME) service that is owned by MedBridge Healthcare or any of its affiliated entities ("Affiliated Entities"). The list of Affiliated Entities is at the end of this Notice. MedBridge and its Affiliated Entities are located in the states listed at the end of this Notice. This Notice is about your Health Information, also called "Protected Health Information". 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 healthcare services. This Notice describes how we will use and disclose your Health Information, how we are required by law to maintain the privacy of your Health Information, and how we provide you with notice of our legal duties and privacy practices about your Health Information. We will tell you if your Health Information has been breached, as required. We are required to abide by the terms of the Notice that is currently in effect.

### **How We (Including Our Affiliated Entities) May Use or Share Your Health Information**

We are committed to protect the privacy of your Health Information, and we use and disclose it only as permitted or required by state and federal laws. We use and disclose your Health Information for the purpose of providing healthcare services to you, paying your healthcare bills, helping to make sure that we give you good quality healthcare, and for other uses required by law. In this Notice, we give you examples of how we may use your Health Information. Not every use or disclosure is listed as an example, but all uses and disclosures of your Health Information fall within one of the categories described in this Notice.

**Treatment.** We use and share your Health Information with physicians, technicians, students, and other healthcare personnel to provide you treatment or services. This includes the coordination or management of your healthcare with a third party. For example, we share your Health Information with a physician to whom you have been referred, to make sure the physician has the necessary information to diagnose or treat you. We may also use your Health Information contact you to check the status of your equipment and supplies.

**Payment.** We use and disclose your Health Information to obtain payment for your healthcare services, including with a collection agency or credit bureau. We may share your Health Information with other providers so they may obtain payment for services. For example, to get approval for equipment or supplies, we disclose your Health Information to an insurance company or other third party to obtain approval for coverage. We also provide your Health Information to our business associates or other providers' business associates, such as billing companies, transcriptionists, collection agencies, and vendors who mail billing statements. These business associates are given only enough information to provide the necessary service related to your healthcare.

**Healthcare Operations.** We use or disclose your Health Information (or a portion of it) to support our goal of providing you with good quality healthcare services. For example, we may use your Health Information to evaluate the quality of healthcare services that you received, to evaluate the performance of the healthcare professionals who provided services to you, for medical review purposes, or auditing.

### **We May be Required to Use or Disclose Your Health Information without your Authorization.**

The law sometimes requires us to use or disclose your Health Information without your authorization, including.

**Notification and Communication with Family.** Unless you object, we may release your Health Information to a relative, close friend, personal representative, or any other person you identify; the Health Information we release directly relates to that person's involvement in your healthcare, or who helps pay for your healthcare. If you are unable to provide written authorization, agree or object to the release, we may release information as necessary if we determine that it is in your best interest based on our professional judgment, such as emergency situations. Finally, we may use or share your Health Information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and releases to family or other individuals involved in your healthcare.

**Required by Law, Court or Law Enforcement.** We may release your Health Information when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence, when dealing with crime, or when ordered by a court.

**Public Health.** As required or permitted by law, we may release your Health Information to public health authorities for purposes related to preventing or controlling disease, injury or disability, which includes reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

**Health Oversight Activities.** We may release your Health Information to health agencies for activities authorized by law. These oversight activities include audits, investigations, and inspections as necessary for our licensure and for the government to monitor the healthcare system, government programs and compliance with civil rights laws. For example, we may release your

## HIPAA NOTICE OF PRIVACY PRACTICES

Health Information to the Secretary of the Department of Health and Human Services so they can determine our compliance with privacy laws.

Deceased Person Information. We may release your Health Information to coroners, medical examiners, and funeral directors.

Organ Donation. We may release your Health Information to organizations involved in procuring, banking, or transplanting organs and tissues.

Public Safety. We may disclose your Health Information to appropriate persons to prevent or lessen a serious and near threat to the health or safety of a particular person or the general public.

Specific Government Functions. We may disclose your Health Information for military or national security purposes, or in certain cases if you are in law enforcement custody.

Workers' Compensation. We may disclose your Health Information as necessary to comply with workers' compensation laws. We report any injuries referred to us from an employer to your state's Department of Workers' Compensation and any work-related deaths to Occupational Safety and Health Administration ("OSHA"). All employers are given Health Information regarding work-related injuries they have referred to us.

Appointment Reminders and Health-Related Benefits. We may use your Health Information to contact you to provide appointment reminders.

Business Associates. We may use or disclose your Health Information to "business associates" who perform healthcare or billing operations for us and who commit to respect the privacy of your Health Information.

Fundraising, Marketing and the Sale of Health Information. We will not sell your Health Information or use or disclose it for marketing purposes without your specific permission. We do not participate in fundraising activities. If we begin, we will modify this Notice to give your rights.

Treatment of Sensitive Information. Your Health Information that is psychotherapy notes and diagnostic and therapeutic information regarding mental health, drug/alcohol abuse or sexually transmitted diseases (including HIV status) will not be disclosed without your specific permission, unless required or permitted by law.

Other permitted and required uses and disclosures. Other uses and disclosures including state and federal law requirements, will be made only with your consent, authorization or opportunity to object unless a law requires us to use or disclose your Health Information. You may revoke your authorization, at any time, in writing, and your revocation will apply to future uses or disclosures of your Health Information.

### Your Rights Concerning Your Health Information

Inspect and Copy. You have the right to inspect and copy your Health Information. You may receive a paper and/or electronic copy of your Health Information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and Health Information that is subject to law that prohibits access to Health Information.

Request Limits. You have the right to request a restriction of your Health Information. This means you may ask us not to use or disclose any part of your Health Information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your Health Information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, except as follows. You have a right to request a restriction on certain disclosures to your health plan if the disclosure is solely for carrying out payment or healthcare operations, and you have fully paid of-pocket for the services.

Communication. You have the right to request to receive confidential communications from us by alternative means or at an alternative location (for example, by mail rather than by phone). You must make these requests in writing. We will comply so long as we can easily do that in the format you requested.

Corrections. You may have the right to ask us amend your Health Information. You must make this request in writing. We are not required to change your Health Information. If we deny your request, we will provide you with information on how to disagree with our denial.

Disclosures. You have a right to request a list of disclosures we have made of your Health Information. The request must be in writing and must be for a specific period of time (which may be limited by state law). We do not have to account for the disclosures described under treatment, payment, healthcare operations, information provided to you, information released incident to an allowed disclosure (see Incidental Disclosures section in this notice), information released based on your written authorization, directory listings, information released for certain government functions, disclosures of a limited data set (which may only include date information and limited address information) and disclosures to correctional institutions or law enforcement in custodial situations.

Incidental Disclosures. We make reasonable efforts to avoid incidental disclosures of your Health Information. An example of an incidental disclosure is conversations that may be overheard between you and our staff at one of our facilities.

Notice. You have the right to obtain a paper copy of this Notice, upon request.

## **HIPAA NOTICE OF PRIVACY PRACTICES**

**CHANGES TO THIS NOTICE.** We reserve the right to change the terms of this Notice. We will post our current Notice on our websites. You have the right to object or withdraw your authorization about your Health Information as provided in the Notice.

**Complaints.** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint at (770) 855-7677. We will not retaliate against you for filing a complaint.

### **Affiliated Entities.**

CPAP Solutions, LLC  
Digital Courier, LLC  
MedBridge Home Medical LLC  
Ogles Oxygen, LLC  
Palmetto Oxygen, LLC  
Precision Diagnostic Services, Inc.  
Preferred Diagnostic Centers, LLC  
Professional Sleep Diagnostics, Inc.  
PSC Sleep Centers, LLC  
Rock Hill Sleep Center, LLC  
Sleep Easy Therapeutics, Inc.  
Sleep Therapy, LLC  
SleepWorks, LLC

### **States in which MedBridge Healthcare LLC and its Affiliated Entities operate**

Alabama  
Colorado  
Florida  
Georgia  
Iowa  
Minnesota  
Mississippi  
North Carolina  
North Dakota  
Ohio  
South Carolina  
South Dakota  
Virginia  
Wisconsin  
West Virginia

If you have questions about any part of this notice or if you want more information about our privacy practices, contact our Privacy Officer at (770) 855-7677.

EFFECTIVE DATE: September 23, 2013