



## HIPPA: Notice of Privacy Practices

### **Our Pledge Regarding Medical Information**

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

### **Our Legal Duty**

#### **Law requires us to:**

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the current notice.

#### **We have the right to:**

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

### **Notice of Change to Privacy Practices:**

Before we make an important change in our privacy practices, we will change this notice and make the new notice available.

### **Use and Disclosure of Your Medical Information**

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

#### **For Treatment:**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, medical assistants, technicians, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

#### **For Payment:**

We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

#### **For Health Care Operations:**

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

### **Additional Uses and Disclosures:**

1. Notification: With your written permission we may disclose medical information to a family member, your personal representative or another person responsible for your care. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment.
2. Research: With your verbal permission we may share your contact information with FutureSearch Trials (FST) with whom we participate in clinical research. If you agree to participate in a clinical trial FST will obtain your written permission to view your medical information stored at this office.

3. Coroner, Medical Examiner: We may share the medical information of a person who has died with a coroner or medical examiner to help them carry out their duties.
4. Specialized Government Functions: Subject to certain requirements, we may disclose health information for medical suitability determinations for Departments of State or Federal agencies, law enforcement custodial situations and for government programs providing public benefits.
6. Court Orders and Judicial and Administrative Proceedings: As required by law, we may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process.
7. Public Health Activities: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems.

### **Your Individual Rights**

#### **You Have a Right to:**

1. Look at or get copies of certain parts of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may ask the receptionist for the form needed to request access. There may be charges for copying and for postage if you want the copies mailed to you. Ask the receptionist about our fee structure.
2. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
3. Request that we communicate with you about your medical information by different means such as using qualified interpreters for deaf communication.
4. Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
5. Receive a copy of this privacy notice by making a request to the receptionist or the writing to the Privacy Officer.

### **Questions and Complaints**

If you have any questions about this notice or if you think that we may have violated your privacy rights, please speak to or submit a written complaint to our Privacy Officer.

You may also submit a written complaint to:

The U.S. Department of Health and Human Services  
Office for Civil Rights, DHHS  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
Phone (214)767.4056  
TDD # (214)767.8940

We will not retaliate in any way if you choose to file a complaint.

**These privacy practices are currently in effect and will remain in effect until further notice.**

**Privacy Officer for  
The Sleep Center of Austin:  
Tavara Greene, Office Manager  
(512)697.9896 ext. 225**