

Louisiana Sleep Foundation, 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 your medical information. Please review it carefully.

Who Will Follow This Notice Section

This notice describes our practices and that of: Any health care professional authorized to enter information into your chart, Any member of a volunteer group we allow to help you while you are in the clinic, All employees, staff and other clinical personnel, Physicians and caregivers may have access to medical information to assist in medical evaluation and treatment they are currently providing to you. Your physicians may have different policies or notices regarding their use and disclosure of medical information related to you which are created in their offices or clinics.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records related to your care generated by our clinic, whether made by health care professional or other personnel. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to: Make sure that medical information that identifies you is kept private, Give you this notice of our legal duties and privacy practices with respect to medical information about you, and Follow the terms of the notice that is currently in effect.

How We May Use And Disclose Medical Information

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, technicians, health care students, clergy, or others who are involved in your care. We may also disclose medical information about you to people outside the clinic who may be involved in your medical care after you leave the clinic, such as Durable Medical Equipment Companies, your referring physician or others your physician uses to provide services that are part of your care.

For Payment: We may use and disclose medical information about you, so that the treatment and services you receive at the clinic may be billed to and payment may be collected from you, an insurance company or a third party.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have any appointment for treatment or medical care at the clinic.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommended possible treatment options or alternatives that may be of interest to you. We may communicate to you via newsletters, mail outs or other means regarding treatment options, health-related information, disease management programs, wellness programs, or other community based initiatives or activities in which our facilities participate.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Individuals Involved in Your Care or Payment for your Care: We may release medical information about you to a caregiver who may be a friend or family member. We may also give information to a family member or friend who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in disaster relief effort so that your family may be notified about your condition status and location. You may choose to object to any such disclosure by notifying your healthcare providers.

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local laws.

Specific Situations Section

Military: If you are a Member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Work-Related Illness and Injury: We may release medical information about you to your employer and others for purposes related to occupational health and safety programs and/or worker's compensation matters.

Public Health Risks: We may disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include, but are not limited to, the following situations: To prevent or control disease, injury or disability; To report child abuse or neglect, To report reactions to medication or problems with products, To notify people of recalls of products they may be using, To notify people who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition, To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. Those oversight activities include, for example: audits, investigations,

Louisiana Sleep Foundation, LLC
Notice of Privacy Practices (Continued)

inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else invoiced in the dispute.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the clinic. To request an amendment, your request must be made in writing and submit it to Louisiana Sleep Foundation LLC. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created that information is no longer available to make the amendment; Is not part of the medical information kept by or for the clinic, Is not part of the information which you would be permitted to inspect and copy, Is accurate and complete.

Right to an Accounting of Disclosure: You have the right to of medical information about you to others except for purposes of treatment, payment and operations identified above. To request this list or accounting of disclosures, you must submit your request in writing to the Director at Louisiana Sleep Foundation, LLC. Your request must state a time period which may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs of providing this list. We will notify you of the costs involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to Request Restrictions: You have the right to request restrictions or limitations on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or payment for your care, like a family member or a friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed for emergency medical treatment.

To request restrictions, you must make your requests in writing to the Director, Louisiana Sleep Foundation LLC. In your request, you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home / work or by email.

Changes To This Notice Section

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the clinic. The notice will contain on the first page, the effective date thereof. In addition, if you register at or are admitted to the clinic for treatment or health care services following a change or revision to this notice, we will offer you a copy of the current notice in effect.

Complaints Section

If you have any questions regarding this Notice or believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Director, Louisiana Sleep Foundation LLC. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

Other Uses of Medical Information Section

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission. We will then no longer use or disclose medical information about you for the reason covered by your written authorization. By this document, you are notified that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records for the care that we provided to you.

Please Sign the Authorization form if you agree to these terms