CPAP (Continuous Positive Airway Pressure) Titration Study

Please review 48 hours prior to your study

About the CPAP Titration Study:

Your physician has requested a CPAP Titration study. CPAP is a device used to treat obstructive sleep apnea. Obstructive sleep apnea is a disorder characterized by repeated episodes of stoppage of airflow caused by collapse and closure of the airway at the level of the pharynx. The concept of CPAP is to increase the pressure of the air that you breathe during sleep. Then, the inspired air, under pressure, acts as a splint and holds the airway open. CPAP is an extremely effective method of treating sleep apnea. The CPAP device consists of a mask, connected by tubing to a small air compressor that sits at the bedside. This machine does not breathe for you; it just changes the pressure of the air that you breathe.

Before going to sleep, the tech will fit you with a CPAP mask or nasal pillow device. The mask fits only over the nose or in the nostrils if a nasal pillow device is used. During the night of the CPAP titration, the pressure will be gradually adjusted by the technician until the apnea is resolved and airflow is normalized. You will be monitored as you were for the baseline study. After your study, your doctor will send a prescription to a medical equipment company who will supply you with the device unless your doctor has standing orders for us to order your CPAP machine after your study. If this is the case, we will automatically order the equipment for you. Please check with your doctor to determine who will order your machine for you.

Note: If you are unable to get in and out of bed on your own, a hospital setting may be more appropriate.

Before the Study:

1. Wash your hair well within 36 hours prior to testing.
   a. Do not apply hair products or body lotion.
   b. You may shower in the laboratory before leaving in the morning.
2. Please eat a regular dinner before coming into the lab.
3. Limit caffeine to 1 beverage before noon on the day of the test. If you drink more than 2 caffeinated beverages/day, it is advisable to wean yourself off over several days to avoid rebound headaches.
4. Avoid all alcoholic beverages for 24 hours prior to your test.
5. Please bring pajamas, toiletries, a good book, a favorite pillow, and any other items that will make you feel more relaxed and enhance the possibility of recording a representative night’s sleep. Leave your TV or DVD player at home.
6. Complete the attached questionnaire, being sure to include a list of your current medications and the dosage that you take. Don’t forget your referral and any co-payment.

Note: Please give us at least 24 hours notice if you must cancel your appointment. There is a long list of patients who need studies. We appreciate your cooperation. A late cancellation fee of $250 will be assessed if you fail to cancel.

PLEASE call and schedule a follow-up appointment with your referring physician to go over the results of your study. Your physician will have the preliminary results 5 working days following your study.
I. Introduction

On April 14, 2003, the portions of the Health Insurance Portability and Accountability Act (HIPAA) regarding the privacy of medical information went into effect. These regulations represent the first major Federal protections of patients’ medical records and information. Protected health information is personally identifiable information about an individual that relates to his/her health condition, medical treatment, or payment for medical treatment. It does not matter whether the information is written, oral, or visual. As finalized by the Department of Health and Human Services, these regulations aim to accomplish three general goals:

1) The first priority is the delivery of “quick, effective, and high quality healthcare” to patients
2) Secondary priority is given to patient privacy
3) least priority is given to the economic cost of particular safeguards.

This explanation of our privacy practices and obligations to you, our patient, is one of the major requirements of these new regulations. Please read this notice carefully and completely, and ask a staff member to explain any part you are unclear about. We are required to do so, and will happily answer all questions you have. Throughout this notice, please remember that Dr. Emsellem’s “professional judgement” regarding the “minimum necessary” disclosure of protected information is the general rule-of-thumb HIPAA requires in the absence of specific regulations.

II. Uses of Protected Information Within Our Practice

Patient information, which includes clinical information found in your chart as well as information in our computerized patient database, is used for the following purposes in our practice:

1) Clinical patient care and treatment. This includes sharing protected information with your referring physician and any other health professionals involved in your care unless you specifically request, in writing, that we do not communicate with them. It also includes communications with you by mail, telephone, or email. Please note that we are prohibited from disclosing protected health information to anyone but you and your referring physician without your consent: please notify us of anyone (including immediate family members) you would like us to be able to speak with.

2) Billing and insurance purposes. If your insurance carrier requests specific protected information in order to process a claim for services rendered, we are required under contract and permitted by HIPAA to furnish it to them—this specifically includes workman’s compensation claims that may reveal protected medical information to your employer. In the unfortunate event that we are forced to forward a delinquent account to a collections agency, the minimum amount of pertinent medical information required by them is also disclosed; they are under contractual obligation with us to abide by the same privacy standards we do.

3) As we act as investigators for several clinical drug trials at any given time, we may contact you as a courtesy if you are potentially eligible to participate in a trial. This is done without disclosing any personal information to any pharmaceutical company without your explicit authorization.

4) In rare instances, we may be legally required to disclose protected information to authorized governmental agencies or attorneys with court-approved subpoenas. We are legally bound to verify the legitimacy of any such request, to verify the identity of the requesting party, and to
keep a record of the disclosure for six years.

5) Any other disclosures or uses of your protected health information by us require a written authorization signed by you that specifies the date the authorization becomes effective, the date at which it expires, a description of the specific part of your record being authorized, the reason for the authorization, the name and address of the party who will receive the information. HIPAA requires a new and separate authorization each time protected information is disclosed.

III. Your Rights and Protections Under HIPAA

A. You have the right to request special restrictions on how your information is used, how we contact you, and whom we may speak with regarding you. All requests must be made using the form available upon request at the front desk, and all requests are handled on a case by case basis.

B. You have the right to inspect and copy your medical records. If you wish to read your medical record, you must sign a form acknowledging the inspection, and we ask that you call us two days in advance. There is no fee for inspecting your record, but law requires that we only allow this to happen in the patient waiting area. If you request a copy of the your record, we charge a copying fee, and will respond to your request no later than 30 days after receiving it. All records copying requests must be written and include your name, date of birth, the address you wish them mailed to, the date of the request, and your signature. For your protection, we are required to call you and verify the legitimacy of any request that is not given to us in person. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

C. You have the right to amend your medical record. If you feel that your medical record is incorrect or incomplete, you may ask us to amend or supplement the information. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request, as well as the name and address of anyone in the previous six months that received from us a copy of the disputed information (e.g. a life insurance company or another doctor). We will act on the your request for an amendment no later than 60 days after receiving the request. A fee may be charged for the amendment. If your request is approved, the original item will be replaced by a clearly marked corrected copy. We may deny your request for an amendment if the requested change is to a part of your record

1. that was not created by our practice (e.g. clinical notes received from other doctors treating you)
2. that you would not have the right to copy or inspect
3. that we believe to be accurate and complete.

If we deny your request, we will inform you in writing of why, and we will also permanently attach your request and our response to the disputed item. Any future records requests will include the original item, the request, and the denial.

D. You have the right to request an accounting of all disclosures of protected information. This is a list of the disclosures we made of protected health information about you. To request this list or accounting of disclosures, you must submit your request in writing. You may ask for disclosures made up to six years before your request (not including disclosures made before April 14, 2003). We are required to provide a listing of all disclosures including the following:

1. For your treatment
2. For billing and collection of payment for your treatment
3. For health care operations
4. Made to or request by you, or that you authorized
5. Occurring as a byproduct of permitted use and disclosures
6. For national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates
7. As part of a limited data set of information that does not contain information identifying you

E. You have the right to request special protections on or the uses of your protected health information. You may also request that our communications with you be handled in a special manner. Your request must be made in writing and include the date of the request, the reason, and your signature. All requests are handled on a case by case basis, and will receive a written response. If we agree to your request, we are legally required to abide by it.

F. You have the right to a paper copy of this notice at any time. You also have the right to an explanation of any part of this notice by a staff member. We reserve the right to alter this document at any time in the future. The current version of this notice is posted on our website, in our waiting area, and can be mailed, faxed, or emailed to you upon request. If this notice is revised, you will be informed of the changes at your next office visit.

G. You have the right to revoke any prior authorizations or permissions on your protected information at any time and for any reason. You must do so in writing. Your request will take effect immediately upon receipt. If an urgent situation arises, please call us as soon as possible, tell us the contents of your request, and then fax or mail the written copy within two business days. This will allow us to avoid accidentally releasing protected information inappropriately.

IV. What you can do if you feel your privacy protections have been violated

If you believe your privacy rights may have been violated, you may contact our practice Privacy Officer, David Hutchinson, or file a written complaint with the Secretary of the Department of Health and Human Services (HHS), Office of Civil Rights. Every practice is required by HIPAA to have a staff member designated as the Privacy Officer, who is responsible for answering patients’ questions and/or concerns about HIPAA’s privacy regulations, how those regulations are implemented within the practice, and ensuring that the practice’s policies comply with the regulations. Due to the complexity of HIPAA’s privacy rules and often-times overlapping state regulations, the Privacy Officer is also available to help patients make better informed decisions about medical privacy issues. If you believe a violation has occurred, contacting the Privacy Officer promptly is the best way to alert us to the problem and prevent it from recurring. Because we give top priority to patient care, our office privacy policies are already more stringent than required by law; contacting the Privacy Officer with concerns is a way to help us continue to provide the highest degree of care possible.

If your concerns are not resolved by contacting the Privacy Officer, there are several different ways to file a complaint with HHS that they will investigate. We will not retaliate against you in any way for contacting the Privacy Officer or filing a formal complaint with HHS. Your complaint to HHS should be filed within 180 days of the suspected violation. If you become aware of the suspected violation after 180 days, you may be able to appeal the time limit depending on the circumstances. The final page of this notice contains contact information for our Privacy Officer as well as several ways to file complaints with HHS.

Name: David Hutchinson
Center for Sleep and Wake Disorders Privacy Officer
Phone number: 301-654-1575
e-mail: david@sleepdoc.com

Health & Human Services
Region III - DE, DC, MD, PA, VA, WV
Office for Civil Rights
U.S. Department of Health & Human Services
150 S. Independence Mall West - Suite 372
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(215) 861-4441; (215) 861-4440 (TDD)
(215) 861-4431 FAX

HHS Web Site: http://www.hhs.gov/ocr/hipaa/

HHS Toll Free Phone Number: toll free number: 1-800-368-1019
Please arrive at 9:00 PM