



## Center for Sleep & Wake Disorders HIPAA Patient Privacy Practices Notice EFFECTIVE: January 20, 2022

### 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 are 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, visual, or any other medium. 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) Lowest 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 contact the practice HIPAA Privacy Officer to answer any questions you may have. We are required to do so, and will happily answer all your questions. Throughout this notice, please remember that Dr. Emsellem's "professional judgment" regarding the "minimum necessary" disclosure of protected information is the general rule-of-thumb HIPAA requires in the absence of specific regulations or policies.

### 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, email (with your written authorization), telephone, or secure electronic messaging on our patient portal. **Please note that we are prohibited from disclosing protected health information to anyone but you and your other treating physicians 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 as us.
- 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. We do this 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 a minimum of six years.
- 5) All other disclosures or uses of your protected health information by us requires a written authorization signed by you that specifies the date the authorization becomes effective, the date or event at which your authorization 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 communicate with regarding you. All requests must be made using the form available upon request at the front desk or on [our website](#), and all requests are handled on a case by case basis.
- B. You have the right to receive a 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 your record, we may charge a copying fee, You must complete and sign a request for us to send your records to you, and we will provide them to you no later than 30 days after we receive your request. The form is available on our [website](#), and we are happy to fax or mail it to you, as well. 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 request an amendment to your medical record. If you feel that your medical record is incorrect or incomplete, you may ask us to amend, remove, or supplement the information. To request an amendment, you must do in writing. Additionally, 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), that you want a corrected copy to be sent to. We will act on your request for an amendment no later than 60 days after receiving the request. If your request is approved, frequently the original item cannot be replaced, but the amended item will be clearly marked as a 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 clinician 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. 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 requested 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 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 or PDF file of this notice at any time. You also have the right to an explanation of any part of this notice by our HIPAA Privacy Officer. 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.

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 and Security Officer, David Hutchinson, RN, 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 the Center for Sleep & Wake Disorders implements them, 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, as this is the most effective way to alert us to the problem and prevent it from recurring, and to do our best to ameliorate problems caused by the violation. 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.

David Hutchinson, RN  
Center for Sleep & Wake Disorders Privacy and Security Officer  
Phone: (301)654-1575x113  
Fax: (301)654-5658

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  
Philadelphia, PA 19106-3499  
(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