

BAY AREA SLEEP EVALUATION CENTER

6000 S. Staples Ste. 408

Office: 361-852-9200

Corpus Christi, TX 78413

Fax: 361-852-9204

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This **Notice of Privacy Practices** describes how we, Bay Area Sleep Evaluation Center, may use and disclose your protected health information to carry out treatment, payment or health-care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is health care and demographic data that relates to your past, present and/or future physical or mental conditions and the health-care services you have utilized.

We are required to **abide by the terms** of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we will provide you with any revised Notice of Privacy Practices.

Your Protected Health Information will be used and disclosed in order to obtain or provide reimbursement for services rendered. We may use your personal information to process claims for health care services you receive. We will assure that only the minimum necessary data is disclosed when obtaining payment information. PHI may be disclosed to one or several intermediaries including but not limited to: physicians, insurers, pharmacy benefits managers, claims administrators, and computer switching companies.

Your Protected Health Information may be used to monitor the performance of the individuals providing our business services. This information will be used to improve the quality of the service we provide.

We may use and disclose your Protected Health Information without your authorization when the need to contact a physician or physician's staff occurs.

We may not be able to provide health care products and services to you without the involvement of other businesses or persons, who are our Business Associates. It may be necessary for us to provide your PHI to a Business Associate so that they can carry out the activities needed in order to provide you health care products and services. Our Business Associate contracts require business associates give us their assurance that they will protect the privacy of your PHI.

We may use and disclose PHI to provide information to you or someone who has the legal right to act on your behalf (i.e. family member, other relative, close personal friend, or any person you identify as involved in your care or payment related to your care).

We may disclose to the FDA, or persons under the jurisdiction of the FDA, Protected Health Information relative to adverse events with respect to drugs, foods, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

We may disclose PHI as authorized by and as necessary to comply with laws relating to workers' compensation or similar programs established by law.

We may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

BAY AREA SLEEP EVALUATION CENTER

6000 S. Staples Ste. 408

Office: 361-852-9200

Corpus Christi, TX 78413

Fax: 361-852-9204

We may disclose PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena or other legal process. We may disclose PHI, if you are involved in a lawsuit or dispute, in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI

We are permitted to use or disclose PHI for purposes of research when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your information.

We may disclose PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

We may disclose PHI to an organ procurement organization or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplants consistent with applicable law.

We may disclose PHI if you become an inmate of a correctional institution, to the institution or its agents when necessary for your health or the health and safety of others.

We may disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or other persons.

We may disclose PHI as required by military command authorities if you are a member of the armed forces. We may also release PHI about foreign military personnel to the appropriate military authorities.

We may disclose PHI to a government authority, such as a social service or protective services agency, if we have reason to believe that you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else, or the law enforcement or public official who is to receive the report represents that it is necessary and will not be used against you.

If you have questions or would like additional information about our privacy practices, you may contact the Privacy Officer by calling 1-800-605-9522. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with our office please call 1-800-605-9522 and contact our Designated Privacy Officer. There will be no retaliation for filing a complaint.

Your signature below represents your written acknowledge of this Notice of Privacy Practices.

Print-Patient Name: _____ Date of Birth: _____

BY: _____ Date: _____
(Patient)

Or By: _____ Date: _____
(Patient's Representative)