



Center Pointe Sleep Associates
724-941-6595

200 Renaissance Drive
Suite 402A
Butler, PA 16001-7612

1830 Union Avenue
Suite B
Natrona Heights, PA

453 Valley Brook Road
Suite 400
McMurray, PA 15317-3371

NOTICE OF PRIVACY PRACTICES: 4/13/03

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.

We respect our legal obligations to keep health information that identifies you. We are obligated by law to give you a copy of our notice of privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for payment or health care operations. Examples of how we use or disclose information are; setting up an appointment for you; scheduling tests, scheduling surgery, prescribing medication and faxing them to be filled; referring you to another doctor or facility; or getting copies of your health information from another health care professional that you may have seen before us. Examples of how we use or disclose your information for payment are: asking you about your health plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts [either by us or through a collection agency] “Health care operations” means those administrative and managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION.

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such disclosures are:

- When a state or federal law mandates that certain health information be reported for specific purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and surveillance; and notices to and from the federal FOOD and DRUG ADMINISTRATION regarding drugs or medical devices; disclosures to governmental authorities about victims of suspected abuse, or domestic violence;
- Uses and disclosure for health oversight activities, such as for the licensing of doctors; for audit by Medicare or Medicaid; or for investigation of possible violations of healthcare laws;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosure for law enforcement purposes, such as to provide information about someone who is suspected to be a victim of a crime, to provide information about a crime at our office, or to report a crime that happened somewhere else;
- Disclosure to medical examiner to identify a dead person or to determine the cause of death; or the funeral director to aid in burial; or to organizations that handle organ or tissue donations;
- Uses or disclosures for specialized governmental functions, such as for the protection of the president or high-ranking governmental officials; for lawful national intelligence activities, for military purposes; or for the evaluation and health of members of the foreign service;
- Disclosure of de-identified information;
- Disclosure relating to worker’s compensation program;
- Disclosure of a “limited data set” for research, public health, or health care operations;
- Incidental disclosures to “business associates” who perform health care operations for us and who commit to respect the privacy of your health information;

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your health care.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointment, or that it is time to make a routine appointment or annual diagnostic test. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will call, and/or leave a reminder message on your home answering machine or with someone who answers your phone if you are not home.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. The consent of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person at the beginning of this notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for restriction, send a written request to the office contact person at the address shown on the notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E-mail to your personal E-mail address. We will accommodate these requests if they are reasonable, and if you pay us for the extra cost. If you want to ask for confidential communications, send a written request to the address shown on this notice.
- Ask to see or get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your medical records within 30 days of asking us (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office address at the beginning of this notice.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know received the wrong information and others you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information, along with a rebuttal, we send it along whenever we make permitted disclosure of your health information. If you want to ask us to amend your health information, send a written request to the address shown at the beginning of this notice.
- Get a list of disclosures that we have made of your health information within the past six years (or shorter period if you want). By law, this will not include disclosures that we have made for the purposes of treatment, payment, or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law, and some other disclosures. You are entitled to one such list per year without charge. If you want more frequent list, you will have to pay for them in advance. We will usually respond within 60 days of receiving it, but by law we can have a 30-day extension of time if we notify you in writing. If you want a list send a written request to the address at the beginning of this notice
- Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one already. If you want additional paper copies, send a written request to the office at the address shown on the beginning of this notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this notice until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to our office to the address shown at the beginning of this notice. If you prefer, you may discuss this by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office at the address shown at the beginning of this Notice.