

**Kingwood Sleep Lab  
NOTICE OF PRIVACY PRACTICES**

**Purpose:**

This practice uses and discloses Personal Health Information (PHI) about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. The Department of Health and Human Services created regulations to protect our patients' privacy. This notice describes our privacy practices. You can request a copy of this notice at any time. For more information about this notice or our privacy practices and policies, please contact the office personal listed below.

**TREATMENT, PAYMENT, HEALTH CARE OPERATIONS**

Treatment- We are permitted to use and disclose your medical information to those involved in your treatment. When you are referred between doctors, your medical information may be shared. Your primary care physician needs to share your medical information with us and we need to provide your primary care physician information about your treatment for their follow up and/or treatment of other conditions.

Payment- We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. When we submit a claim form for your services we are required to fill in all information blocks, including your personal information, medical information, and insurance information.

Health Care Operations- We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. We use appointment reminders, notes to the school, dictation service, and software support. Only information that is absolutely necessary is released to support these services.

**MANDATORY DISCLOSURES**

This office will comply with mandatory disclosures of PHI in the following circumstances:

As required by all Texas reporting statues.

As required by properly authorized licensing bodies or other government entities.

By appropriate request from law enforcement personnel.

All properly executed court orders; court-ordered warrants; subpoenas; or summons issued by a court, grand jury, governmental inspector general, or an administrative body authorized to require the production of information in a civil or authorized investigative demand.

Under conditions of our physicians' participation in Medicare or Medicaid, as well as regulations that require such information if payment is sought under these or other government programs providing public benefits.

### **PERMISSIVE DISCLOSURES OF PATIENT INFORMATION**

Disclosures of PHI may be made, without additional patient permission, if they are related to the treatment of the patient, obtaining payment for our services, or office operations, unless the patient has requested such disclosure not be made or be made in an alternative fashion. These disclosures will be released in the minimum amount necessary to assure quality patient care. All disclosures made for purposes of treatment, payment or operations will be consistent with the information supplied in this Privacy Practices Guide.

### **RESTRICTING DISCLOSURES OF PRIVACY INFORMATION**

Any patient may request that we restrict our use or disclosures of their private information to carry out treatment, payment, or health care operations. A patient will not be required to explain the basis for the request, but the request must be in writing. While we cannot necessarily agree to all requests, we will comply with any that are reasonable. We cannot honor those restrictions when:

- The patient is in need of emergency treatment.
- Federal or state law requires disclosure.

A patient can terminate disclosure restrictions, if the revocation is in writing.

### **FAMILY DISCLOSURES OF HEALTH INFORMATION**

This office honors the important role that families, friends, and other loved ones play in supporting our patients' health care and treatment. At the same time, we are committed to protecting our patients' privacy as well as complying with both state and federal law. Accordingly, disclosure to other people, even family, must remain a decision that rests with the patient. To the extent that is possible, we will follow the alternatives addressed in this policy.

This practice will comply with any patient's request for us to share their personal health information with family member(s) and other designated person(s). We will comply with their request as long as: 1) the oral request is noted in the patient's record, 2) the patient is competent to make this decision, and 3) the patient has not revoked that request. Note that revocations or limitations must be in writing.

Patients who are undergoing procedures requiring anesthesia will be asked if they would like information shared with anyone prior to their awakening. If the individual cannot express his/her request for sharing information, because of incapacity or an emergency circumstance, our physician(s) will exercise their professional judgment and determine whether the disclosure is in the best interest of the individual. If so, we will disclose only the protected health information that is directly relevant to the person's involvement with the individual's health care.

Patient family members, neighbors, etc. that come to this office to pick up prescriptions, equipment, directions, or other items associated with a patient's care will be permitted to do so if it is reasonable to infer they are involved with our patient's care. Return to school notices, school releases, or instructions to teachers are considered a routine PHI release and part of the patient's treatment.

## **Minors**

A minor is a person under 18 years of age who has never been married, or declared as an adult by a court of law.

A parent, guardian, or other person acting of behalf of the parents of a minor is the personal representative of the child. This personal representative will be provided with a copy of our Privacy Practices and will authorize any non-routine disclosures of the minor's personal health information. The personal representative of the child will have the authority to exercise any rights related to the privacy of the child's personal health information.

## **Minors and Consent for Their Own Treatment**

There are times when a minor, by law, may seek treatment without parental notification or can consent to certain types of medical treatment on their own, including:

Diagnosis and treatment of any infectious, contagious, or communicable disease.

A minor seeking treatment that may be obtained under Texas state law without parental consent will be allowed to consent for that treatment. Access to any records for treatment provided legally without parental consent will be subject to the same privacy provisions included throughout this document.

## **Emancipated Minors**

Minors that have been emancipated will be treated as adults for purposes of treatment and access to their medical information. Patients claiming emancipation are required to supply appropriate written proof to this office. Emancipated minors include:

A minor on active duty with the armed forces of the United States.

A minor who is 16 years of age or older, who resides apart from his or her parents, and manages his or her own financial affairs.

### **MENTAL HEALTH RECORDS**

Copies of records that are received in this office from a psychiatrist, psychologist or LPC will be placed in a separate folder within the patient's chart. These records will not be released for any reason. The patient will be directed to the originating provider.

### **INMATES RECORDS**

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official.

### **PRIVACY LAPSES**

This office recognizes that despite our commitment to maintaining and protecting the privacy of our patients' health information, there may still be some inadvertent lapses. Should this occur, we will mitigate, to the extent practicable, any damages caused by such a lapse.

Upon notification of a privacy lapse, the Privacy Officer will investigate what information was inappropriately disclosed.

Patients will be told of any privacy lapses regarding their protected health information that may occur.

### **ACCOUNTING FOR DISCLOSURES**

The patients may request an accounting of disclosures of Protected Health Information made by this office since April 14, 2003.(Compliance date)

#### **Disclosures Not Included in the Accounting**

- Disclosures to carry out treatment, payment and health care operations.
- Disclosures made to the patient or his/her representative such as parent, legal guardian, etc.
- Disclosures made subject to the patient's authorization.
- Disclosures made for national security or legally required.
- Disclosures made to correctional institutions
- Disclosures that occurred prior to April 14, 2003.
- Disclosures to a health care agency

#### **Fulfilling a Request for an Accounting of Disclosures**

This office will respond to patient's request for a disclosure accounting, no later than 60 days after receipt of such a request. Please submit your request to the Privacy Officer listed below.

## **RECORDS AMENDMENT**

This office recognizes that our patients have the right to amend their medical records. It is our commitment to honor this right while preserving our desire to run an efficient, effective office focused on delivering quality patient care.

### **Requests for Amendments**

Medical record amendment requests must be in writing and delivered to the Privacy Officer. We ask that the patient provide us with a reason for the request.

Patients will be informed in writing if their amendment request is accepted within 60 days.

### **Documentation and Distribution of the Amendment**

Amendments will be added to the medical record; they will not replace information already contained within the record. The amendment shall be dated and linked to the specific portions of the records that are affected.

This office will make a reasonable effort to ensure timely distribution of the amendment to persons or entities identified by the patient as needing the information.

With in 60 days the Privacy Officer will send you a written notice either approving or refusing an amendment request.

### **Denial of Amendment Requests**

- Amendment requests may be denied under the following circumstances:
- The medical record is no longer in the possession of this office.
- This office did not create the medical record.
- Portions of the record are denied access under other federal or state law.
- A request for an amendment may also be denied because the records are accurate and complete.

## **WAIVER OF PATIENTS PRIVACY RIGHTS**

This office is committed to protecting our patients and their privacy rights. We will not attempt to have our patients waive those rights and/or any action initiated against this office if the patient believes privacy rights have been violated.

This does not include any waiver of rights that is part of a consensual resolution of a dispute or claim that is entered by both parties under the advice of counsel.

**PRIVACY OFFICER**

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), this office has appointed a "Privacy Officer" to be responsible for the development, implementation and dissemination of information regarding our privacy and security policies and procedures:

24020 Eastex Freeway  
Kingwood, Texas  
77339 Kingwood Sleep Labs  
Robert Garcia

Tele: 281-358-9974

Fax: 281-358-4427

Security@kingwoodsleeplab.com

Friday 1:00 - 5:00 pm

You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. U.S. Department of Health and Human Services