

Specialty Anesthesia Partners, PLLC's Notice of Privacy Practices: effective 04/01/2024

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.

Your Rights Regarding Your PHI	Our Uses and Disclosures
<ul style="list-style-type: none">• Get a copy of your paper or electronic medical record• Correct your paper or electronic medical record• Request confidential communication• Ask us to limit the information we share• Get a list of those with whom we've shared your information• Get a copy of this privacy notice• Choose someone to act for you• File a complaint if you believe your privacy rights have been violated	<ul style="list-style-type: none">• Treat you• Run our organization• Bill for your services• Help with public health and safety issues• Comply with the law and legal requests

Your Rights: When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none">• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	<ul style="list-style-type: none">• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.• We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for ex. home vs. office phone) or to send mail to a different address.• We will say "yes" to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
Get a list of those with whom we've shared information	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.• We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• You can complain if you feel we have violated your rights by contacting us via email.• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html• We will not retaliate against you for filing a complaint.

Your Choices: For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures: If you give us permission, how would we typically use or share your health information?

Treat you	We can use your health information and share it with other professionals who are treating you. Example: Your physician and I may need to coordinate your care.
Run our organization	We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.
Bill for your services	We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/index.html>

Help with public health and safety issues	Reporting suspected abuse, neglect, or domestic violence. Preventing or reducing a serious threat to anyone's health or safety.
Comply with the law	If state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Other	For workers' compensation claims For law enforcement purposes or with a law enforcement official With health oversight agencies for activities authorized by law For special government functions such as military, national security, and presidential protective service
Respond to lawsuits and legal actions	We can share health information about you in response to a court or administrative order

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information, see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and the latest version will be posted on our website.

For More Information or to Report a Problem

If you have any privacy related questions, please contact our privacy officer by phone at (346) 558- 5881 or email at:

admin@sleepthruit.com

HIPAA and Privacy Policy Acknowledgment

The HIPAA Privacy Rule mandates that health care providers distribute a Notice of Privacy Practices to all patients. This document outlines how protected health information about an individual may be used and disclosed and under what circumstances specific authorization from the individual may not be required. The Notice of Privacy Practices also describes the HIPAA defined patient rights related to use and disclosure of the individual's health information.

Please carefully review Specialty Anesthesia Partners, PLLC's Notice of Privacy Practices. This document is available as a hard copy in paper form and is additionally available on the website: sleepthruit.com. We are required by law to maintain the privacy of your health information, provide you a description of our privacy practices, and to notify you following a breach of unsecured protected health information.

We will abide by the terms of this notice.

If you have any privacy related questions, please contact our privacy officer by phone at (346) 558-5881 or email at: admin@sleepthruit.com

PATIENT/OTHER LEGALLY AUTHORIZED REPRESENTATIVE (signature required)

Patient Name: _____ Patient DOB: _____

Signers Printed Name (if different than patient) _____

Legal relationship to patient: _____ Reason Patient is unable to sign: _____

Signature: _____ Date: _____