

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. EFFECTIVE DATE 3/25/2021

Purpose: Levata Sleep is committed to protecting Health Information about you. Levata Sleep and its employees, non-employees, and all of their affiliated entities follow the privacy practices described in this Notice. Levata Sleep maintains your health information in records that are kept in a confidential manner, as required by law. Levata Sleep must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

Use and Release of Your Health Information for Treatment, Payment, and Health Care Operations: Levata Sleep has to use and release some of your health information to conduct its business. We are permitted to use and release health information without authorization from you. Treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with sleep physicians or other consultants to make a diagnosis. Levata Sleep may use your health information as required by your insurer to determine eligibility or to obtain payment for your treatment. In addition, Levata Sleep may use and disclose your health information to improve the quality of care, and for education and training purposes of Levata Sleep employees or affiliated entities.

How Will Levata Sleep Use and Disclose My Health Information? Your health information may be used for the following purposes.

Note: You will have the opportunity to refuse some of these communications about your health information, indicated by (*).

- Family members or close friends involved in your care or payment for treatment. (*)
- Mahler Health is a secure computer systems for health care providers to share your health information to support treatment, healthcare operations and continuity of care. Your record in Mahler Health includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included are your full name, birth date and social security number. All information contained in Mahler Health is kept private and used in accordance with applicable state and federal laws and regulations.
- Appointment reminders.
- To contact you regarding treatment alternatives.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting reactions to medications or product problems; notification of recalls;

infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.

- Health oversight activities, such as audits, inspections, investigations, and licensure.
- Law enforcement, as required by federal, state or local law.
- Lawsuit and disputes, in response to a court or administrative order, subpoena, discovery request or other lawful request.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities to authorized persons to conduct special investigations.
- To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

You may ask for restrictions on a specific use or disclosure of your health information, however; Levata Sleep does not have to agree with your request, *except* if the following two criteria are met:

1. If the patient asks the practice not to disclose information about a health care item or service to a health plan for payment or health care operations purposes, **AND**
2. the practice has been paid in full for the item or service by the patient or by another on behalf of the patient.

Your Authorization Is Required for Other Disclosures. Your authorization will be required for most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information. Except as described above, we will not use or disclose your medical information, unless you allow Levata Sleep in writing to do so. For example, we will not use your photographs for presentations outside Levata Sleep without your written permission. You may withdraw or revoke your permission, which will be effective only after the date of your written withdrawal, but:

1. If Levata Sleep has already relied on the authorization to use or disclose patient information the revocation cannot apply to those uses or disclosures, and
2. If the authorization was for purposes of obtaining insurance coverage, other law gives the insurance company certain rights.

You Have Rights Regarding Your Health Information. You have the following rights regarding your medical information, if requested on the form(s) provided by Levata Sleep:

- **Right to request restriction.** You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have had a particular procedure. We will release the information if necessary, for emergency treatment. We will notify you in writing whether we honor your request or not.
- **Right to confidential communications.** You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to review and obtain a copy of your medical or health record. We may charge a \$25 fee for copying, mailing, and supplies.

- **Right to request amendment.** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by Levata Sleep. Levata Sleep is not required to accept the amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your health information that have been made to persons or entities during the past six (6) years prior to the request, except for disclosures for health care treatment, payment and operations, and disclosures based on patient authorization, or as required by law. After the first request, there may be a charge.
- **Right to restrict certain disclosures to a Health Plan.** You may request a restriction of certain disclosures of your protected health information to a health plan if you have paid out of pocket in full for the health care item or service.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy.
- **Breach notification.** Levata Sleep is required by law to notify affected individuals following a breach of unsecured patient information.
- **Requirements Regarding This Notice.** Levata Sleep is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. Levata Sleep may change this Notice, and these changes will be effective for health information we have about you, as well as any information we receive in the future.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with:

Office of Civil Rights
U.S. Department of Health and
Human Services
200 Independence Avenue, S.W.
Room 509 F, HHH Building
Washington, D.C. 20201

We will not penalize or retaliate against you in any way for making a complaint to Levata Sleep or to the Department of Health and Human Services. We will notify you in the unlikely event of a breach of your unsecured protected health information.

Contact Levata Sleep at 906-242-2443 if:

- You have any questions about this Notice;
- You wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or
- You wish to obtain a form to exercise your individual rights.

Rights and Responsibilities

You have the right to:

- Be treated in a dignified and respectful manner and to receive reasonable responses to reasonable requests for service.
- Effective communication that provides information in a manner you understand, in your preferred language with provisions of interpreting or translation services, at no cost, and in a manner that meets your needs in the event of vision, speech, hearing or cognitive impairments. Information should be provided in easy to understand terms that will allow you to formulate informed consent.
- Respect for your cultural and personal values, beliefs and preferences.
- Personal privacy, privacy of your health information and to receive a notice of the facility's privacy practices.
- To access, request amendment to and obtain information on disclosures of your health information in accordance with law and regulation within a reasonable time frame.
- Care or services provided without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
- Participate in decisions about your care, including developing your treatment plan
- Refuse care, treatment or services in accordance with law and regulation
- Receive information about the outcomes of your care, treatment and services, including unanticipated outcomes.
- Give or withhold informed consent when making decisions about your care, treatment and services.
- Receive information about benefits, risks, side effects to proposed care, treatment and services; the likelihood of achieving your goals and any potential problems that might occur during treatment and services and any reasonable alternatives to the care, treatment and services proposed.
- Give or withhold informed consent to recordings, filming or obtaining images of you for any purpose other than your care.
- Be free from neglect; exploitation; and verbal, mental, physical and sexual abuse.
- An environment that is safe, preserves dignity and contributes to a positive self-image.
- Examine and receive an explanation of the bill for services, regardless of the source of payment.

Your Responsibilities:

- Provide accurate and complete information concerning your present medical conditions, past illnesses or hospitalization and any other matters concerning your health.
- Notify us if your insurance, address, phone number, etc. changes.
- Tell your provider(s) if you do not completely understand your plan of care.
- Follow the Providers' instructions.

After Hours Policy

Patients can call 906-242-2443 and leave a message with the secure voicemail. Calls will be returned within five business days.

Complaint Policy

Levata Sleep will document issues and will include:

- Date complaint was received and by whom
- Name, address, and contact number of individuals making complaint
- Issue or complaint
- Investigation and response to the complaint
- Resolution of issue with attached documentation, when necessary
- Any payer requirements (i.e. Medicare HIC number)

Within five (5) calendar days of receiving a beneficiary's complaint, the supplier shall notify the beneficiary, using either oral, telephone, email, fax, or letter format, that it has received the complaint that it is investigating.

Within 14 calendar days, the supplier shall provide written notification to the beneficiary of the results of its investigation and response.

Levata Sleep maintains documentation of all complaints that it receives, copies of investigations, and responses to beneficiaries.



Patient Acknowledgement

By signing below, I acknowledge that I have received the following notices:

- Medicare Supplier Statement (Medicare patient only)
- HIPAA Privacy Policy
- Rights and Responsibilities
- After Hours Policy
- Complaint Policy

Patient Name: _____ **Date of Birth:** _____

Patient Signature

Date

Medicare Patients Only

The products and/or services provided to you by Levata Sleep are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

Patient Signature

Date