ARKANSAS SLEEP & WELLNESS

Notice of Privacy Practices

Effective Date: _____ **Phone:** _____

Email: _____

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

When it comes to your health information, you have certain rights. You may:

• Get a copy of your record. You may ask to inspect or receive a paper or electronic copy of your medical record and other health information we maintain about you. We generally will provide access within the time required by law and may charge a reasonable, cost-based fee when permitted.

• Ask us to correct your record. If you believe information is incorrect or incomplete, you may ask us to amend it. We may deny the request in certain circumstances, but we will explain the reason in writing.

• Request confidential communications. You may ask us to contact you in a specific way or at a specific location. We will accommodate reasonable requests.

• Ask us to limit what we use or share. You may ask us not to use or disclose certain information for treatment, payment, or health care operations. We are not always required to agree. If you pay in full out of pocket for a service, you may ask us not to disclose information about that service to your health plan for payment or operations, unless disclosure is required by law.

• Receive an accounting of certain disclosures. You may ask for a list of certain disclosures of your health information made during the six years before your request. The list generally does not include disclosures for treatment, payment, health care operations, or certain other disclosures excluded by law.

• Receive a copy of this notice. You may request a paper copy at any time, even if you agreed to receive it electronically.

• Choose someone to act for you. A legally authorized personal representative may exercise your rights when applicable. We may require documentation of that authority.

• File a complaint. You may complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share. For example, when permitted by law, you may tell us whether we may share information with family, close friends, or others involved in your care or payment for your care. In an emergency or when you cannot tell us your preference, we may share information when we determine it is in your best interest and permitted by law.

We will obtain your written authorization before using or disclosing your information for purposes that require authorization under HIPAA, including most uses for marketing or the sale of protected health information. You may revoke an authorization in writing, except to the extent we have already relied on it.

Specially Protected Information

Some types of health information may receive additional protection under federal or Arkansas law. When a law provides greater privacy protection than HIPAA, we will follow the more protective requirement. Additional authorization or other legal requirements may apply before certain specially protected information is disclosed.

Substance use disorder records: To the extent Arkansas Sleep & Wellness creates or maintains records subject to 42 CFR Part 2, additional federal confidentiality protections apply. Such records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against a patient without the patient's written consent or a court order that meets applicable federal requirements.

How we may use and share your information

HIPAA allows us to use or disclose your protected health information without your written authorization in a number of circumstances. Common examples include:

- Treatment: We may use or share your information to provide, coordinate, or manage your care and to communicate with other health professionals involved in your treatment.
- Payment: We may use or share information to bill and obtain payment from health plans or other responsible parties and to determine coverage or benefits.
- Health care operations: We may use or share information to operate our clinic, improve quality, train staff, conduct compliance activities, and manage our services.
- Public health and safety: We may disclose information for legally permitted public health activities, reporting, product safety, preventing or controlling disease, or preventing a serious threat to health or safety.
- Required by law: We may disclose information when federal, state, or local law requires us to do so.
- Health oversight: We may disclose information to authorized oversight agencies for activities such as audits, inspections, investigations, and licensure.
- Workers' compensation and government requests: We may disclose information as permitted by law for workers' compensation, certain government functions, law enforcement requests, and other authorized governmental purposes.
- Legal proceedings: We may disclose information in response to a valid court or administrative order, subpoena, discovery request, or other lawful process when the applicable requirements are met.
- Coroners, medical examiners, and funeral directors: We may disclose information as permitted by law to identify a deceased person, determine cause of death, or assist with lawful duties.
- Organ and tissue donation: We may disclose information to organizations involved in organ, eye, or tissue donation and transplantation when applicable.
- Research: We may use or disclose information for research when the research meets applicable legal requirements, including required approvals or authorizations.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

- We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the privacy practices described in the notice currently in effect.
- We will not use or disclose your information in a way not described in this notice unless you authorize us in writing or the law otherwise permits or requires it.

Questions or Complaints

If you have questions about this notice, want to exercise a privacy right, or want to make a complaint, contact Arkansas Sleep & Wellness using the contact information listed on the first page.
You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Information about filing a complaint is available from HHS. We will not retaliate against you for filing a complaint.

Important Clinic Information to Complete Before Use

Before distributing this notice, Arkansas Sleep & Wellness should enter the effective date, privacy contact phone number, and email address on page 1 and confirm that the descriptions in this notice match the clinic's actual privacy practices. State-law and specialty-specific requirements should also be reviewed as applicable.
Patient acknowledgment: The separate HIPAA Notice of Privacy Practices Acknowledgment form may be used to document the clinic's good-faith effort to obtain acknowledgment that the patient received this notice