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**ARLINGTON SLEEP MEDICINE, LTD. HIPAA PATIENT PRIVACY NOTICE**  
**Deborah Gofreed, M.D.**

**EFFECTIVE DATE: April 14, 2003**

I. Introduction

On April 14, 2003, the portions of the Health Insurance Portability and Accountability Act (HIPAA) regarding the privacy of medical information went into effect. These regulations represent the first major Federal protections of patients' medical records and information. Protected health information is personally identifiable information about an individual that relates to his/her health condition, medical treatment, or payment for medical treatment. It does not matter whether the information is written, oral, or visual. As finalized by the Department of Health and Human Services, these regulations aim to accomplish three general goals:

- 1) The first priority is the delivery of "rapid, effective, and high quality healthcare" to patients
- 2) Secondary priority is given to patient privacy
- 3) Least priority is given to the economic cost of particular safeguards.

This explanation of our privacy practices and obligations to you, our patient, is one of the major requirements of these new regulations. Please read this notice carefully and completely, and ask a staff member to explain any part you are unclear about. We are required to do so, and will happily answer all questions you have.

Throughout this notice, please remember that Dr. Gofreed's "professional judgement" regarding the "minimum necessary" disclosure of protected information is the general rule-of-thumb HIPAA requires in the absence of specific regulations.

II. Uses of Protected Information Within Our Practice

Patient information, which includes clinical information found in your chart as well as information in our computerized patient database, is used for the following purposes in our practice:

- 1) Clinical patient care and treatment. This includes sharing protected information with your referring physician and any other health professionals involved in your care unless you specifically request, in writing, that we do not communicate with them. It also includes communications with you by mail, telephone, or email. **Please note that we are prohibited from disclosing protected health information to anyone but you and your**

**referring physician without your consent: please notify us of anyone (including immediate family members) you would like us to be able to speak with.**

- 2) Billing and insurance purposes. If your insurance carrier requests specific protected information in order to process a claim for services rendered, we are required under contract and permitted by HIPAA to furnish it to them—this **specifically includes workman’s compensation claims that may reveal protected medical information to your employer.** In the unfortunate event that we are forced to forward a delinquent account to a collections agency, the minimum amount of pertinent medical information required by them is also disclosed; they are under contractual obligation with us to abide by the same privacy standards we do.
- 3) In rare instances, we may be legally required to disclose protected information to authorized governmental agencies or attorneys with court-approved subpoenas. We are legally bound to verify the legitimacy of any such request, to verify the identity of the requesting party, and to keep a record of the disclosure for six years.
- 4) Any other disclosures of your protected health information by us require a written authorization signed by you that specifies the date the authorization becomes effective, the date at which it expires, a description of the specific part of your record being authorized, the reason for the authorization, the name and address of the party who will receive the information. HIPAA requires a new and separate authorization each time protected information is disclosed.

### III. Your Rights and Protections Under HIPAA

- A. You have the right to request special restrictions on how your information is used, how we contact you, and whom we may speak with regarding you. All requests must be made using the form available upon request at the front desk, and all requests are handled on a case by case basis.
- B. You have the right to inspect and copy your medical records. If you wish to read your medical record, you must sign a form acknowledging the inspection, and we ask that you call us two days in advance. There is no fee for inspecting your record, but law requires that we only allow this to happen in the patient waiting area. If you request a copy of the your record, we charge a copying fee, and will respond to your request no later than 30 days after receiving it. All records copying requests must be written and include your name, date of birth, the address you wish them mailed to, the date of the request, and your signature. For your protection, we are required to call you and verify the legitimacy of any request that is not given to us in person. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

- C. You have the right to amend your medical record. If you feel that your medical record is incorrect or incomplete, you may ask us to amend or supplement the information. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request, as well as the name and address of anyone in the previous six months that received from us a copy of the disputed information (e.g. a life insurance company or another doctor). We will act on the your request for an amendment no later than 60 days after receiving the request. A fee may be charged for the amendment. If your request is approved, the original item will be replaced by a clearly marked corrected copy. We may deny your request for an amendment if the requested change is to a part of your record;
- 1) that was not created by our practice (e.g. clinical notes received from other doctors treating you)
  - 2) that you would not have the right to copy or inspect
  - 3) that we believe to be accurate and complete. If we deny your request, we will inform you in writing of why, and we will also permanently attach your request and our response to the disputed item. Any future records requests will include the original item, the request, and the denial.
- D. You have the right to request an accounting of all disclosures of protected information. This is a list of the disclosures we made of protected health information about you. To request this list or accounting of disclosures, you must submit your request in writing. You may ask for disclosures made up to six years before your request (not including disclosures made before April 14, 2003). We are required to provide a listing of all disclosures including the following:
- 1) For your treatment
  - 2) For billing and collection of payment for your treatment
  - 3) For health care operations
  - 4) Made to or request by you, or that you authorized
  - 5) Occurring as a byproduct of permitted use and disclosures
  - 6) For national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates
  - 7) As part of a limited data set of information that does not contain information identifying you
- E. You have the right to request special protections on or the uses of your protected health information. You may also request that our communications with you be handled in a special manner. Your request must be made in writing and include the date of the request, the reason, and your signature. All requests are handled on a case by case basis, and will receive a written r response. If we agree to your request, we are legally required to abide by it.

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- F. You have the right to a paper copy of this notice at any time. You also have the right to an explanation of any part of this notice by a staff member. We reserve the right to alter this document at any time in the future. The current version of this notice is posted on our web site, in our waiting area, and can be mailed, faxed, or emailed to you upon request. If this notice is revised, you will be informed of the changes at your next office visit.
- G. You have the right to revoke any prior authorizations or permissions on your protected information at any time and for any reason. You must do so in writing. Your request will take effect immediately upon receipt. If an urgent situation arises, please call us as soon as possible, tell us the contents of your request, and then fax or mail the written copy within two business days. This will allow us to avoid accidentally releasing protected information inappropriately.

IV. What you can do if you feel your privacy protections have been violated.

If you believe your privacy rights may have been violated, you may contact our practice Privacy Officer, Mary Jo Habourn, or file a written complaint with the If your concerns are not resolved by contacting the Privacy Officer, there are several different ways to file a complaint with HHS that they will investigate. **We will not retaliate against you in any way for contacting the Privacy Officer or filing a formal complaint with HHS.** Your complaint to HHS should be filed within 180 days of the suspected violation. If you become aware of the suspected violation after 180 days, you may be able to appeal the time limit depending on the circumstances. The final page of this notice contains contact information for our Privacy Officer as well as several ways to file complaints with HHS.

Name: Mary Jo Habourn, RN  
Arlington Sleep Medicine, Ltd. Privacy Officer  
Phone number: 703-243-6700  
e-mail: mjhabourn@arlingtonsleepmedicine.com

Health & Human Services  
**Region III - DE, DC, MD, PA, VA, WV**  
Office for Civil Rights  
U.S. Department of Health & Human Services  
150 S. Independence Mall West - Suite 372  
Philadelphia, PA 19106-3499  
(215) 861-4441; (215) 861-4440 (TDD)  
(215) 861-4431 FAX  
HHS Web Site: <http://www.hhs.gov/ocr/hipaa/>  
HHS Toll Free Phone Number: toll free number: 1-800-368-1019