



REM DIAGNOSTICS

SPECIALISTS IN SLEEP

Notice of Privacy Practices (Revised May, 2020)

During your treatment at REM Diagnostics, doctors, nurses, and other caregivers may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by REM Diagnostics.

REM Diagnostics is committed to protecting patient privacy. We are required by law to provide you with this Notice of Privacy Practices and to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected health information about you.

I. When We May Use and Disclose Your Medical Information With Your Written Authorization

With your authorization – For any purpose other than the ones described below, we may use or disclose your health information only when you have given us your written authorization.

Marketing – We will obtain your written authorization before using your health information to send marketing materials.

Highly confidential information – There are additional protections for certain confidential health information. For example: psychotherapy notes, diagnosis, prognosis or treatment for alcohol or drug dependency, HIV testing or results, may require a special authorization.

Selling your information – We will not sell your medical information without your written authorization.

II. When We May Use and Disclose Your Medical Information Without Your Written Authorization

Payment – We may use or disclose your information to obtain payment for services provided to you.

Treatment – We may disclose your information to another health care provider so they can treat you; to provide appointment reminders; or to provide information about treatment alternatives.

Health care operations – This includes using your information for certain activities that are necessary to operate the practice and ensure that patients receive quality care. For example, we may use your information to review the performance of staff.

Reminders – To remind you of appointments or other information about new or alternative treatments or other health care services for the purposes of care coordination.

As required by law – We will disclose your medical information if we are required to do so by federal, state or local law.

Business Associates – We may disclose information about you to our business associates so they can perform the services that we have contracted them to do for us. For example we may disclose your information to attorneys, collection and accreditation organizations.

Public health activities – We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

Research – We may use and disclose your medical information for research purposes either with your specific, written authorization or if the research has been approved and reviewed for privacy by our Institutional Review Board. Researchers may review your health information in a limited manner to determine if the study or participants are appropriate.

Special Circumstances – We may use and disclose your medical information in these special circumstances: Organ and tissue donation

Health oversight activities (as required or allowed by law)

Judicial and administrative proceedings

Workers compensation

Coroners, medical examiners and funeral directors

National security and intelligence activities

Law enforcement

III. Disclosures We Make Unless You Object

We may share your health information with your family, close friends, or others involved in your care or the payment of your care if you tell us we can do so or if we can assume, based on the circumstances and our professional judgment, that you do not object. If you are unable to approve or object (for example, if you are unavailable or unconscious), we may share your health information that is related to the particular person's involvement in your care only if we feel it is in your best interest.

We may also share your health information to notify, or assist in notifying, your family, close friends, or others involved in your care of your location or general condition. For example, in a natural disaster or other emergency, we may share your health information with a disaster relief organization to assist in notifying your family of your location and general condition.

If you object to with or these circumstances, send a request to Ross Michel, M.D. 1329 Broad Street, Suite C, San Luis Obispo, CA 93401.

IV. Your Rights Regarding Your Medical Information

Right to inspect and copy your health information – You may request access to your health information to review or request copies of the information. This usually includes medical and billing records maintained by REM Diagnostics.

Right to receive an electronic copy of your electronic medical record – You have the right to request an electronic copy of your medical information. If the form and format are not readily producible, we will work with you to create a reasonable electronic form or format.

Right to request restrictions on the use or disclosure of your health information – You have the right to request restrictions on the use or disclosure of your medical record to your health plan for payment or health care operations if you have paid in full for the treatment out-of-pocket. This request must be in writing and identify

what information you want to limit, how you want to limit the use and/or disclosure, and to whom you want the limits to apply.

Right to request to correct or amend your health information – You may ask us to correct your health information. We will consider all requests and may deny your request for legitimate reasons, for example, if we determine that the record is accurate and complete. To request a correction, you must put in writing and send to Ross Michel, M.D. 1329 Broad Street, Suite C, San Luis Obispo, CA 93401.

Right to request confidential communications – You can request that we communicate with you about medical matters in a certain way. This request must be in writing and sent to Ross Michel, M.D. 1329 Broad Street, Suite C, San Luis Obispo, CA 93401.

Right to be notified of a breach – We will notify you in the event of a breach of your protected health information.

Right to receive an accounting of disclosures of your record – You can request a list of certain disclosures we have made of your health information. This information will not include disclosures for treatment, payment, health care operations, disclosures you have authorized and certain other disclosures. To request this list of disclosures you must submit your request in writing to Ross Michel, M.D. at 1329 Broad Street, Suite C, San Luis Obispo, CA 93401. If you request more than one accounting in any 12-month period, we may charge you a reasonable fee.

Right to a paper copy of this notice – You have the right to receive a paper copy of this notice and may ask for a copy at any time.

V. Changes to this Notice

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If the terms of this notice are changed, REM Diagnostics will provide you with a revised notice upon request and will post the revised notice in REM Diagnostics designated locations.

VI. Complaints or Questions

If you believe your privacy rights have been violated you may file a complaint with us by notifying our Privacy Officer Ross Michel, M.D. or the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.