

HIPAA NOTICE OF PRIVACY PRACTICES

THIS HIPAA NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS MEDICAL INFORMATION. PLEASE READ IT CAREFULLY.

HOW WE (INCLUDING OUR AFFILIATED ENTITIES) MAY USE OR SHARE YOUR PHI

We are committed to protect the privacy of your Protected Health Information (PHI), and we use and disclose it only as permitted or required by state and federal laws. We use and disclose your PHI for the purpose of providing healthcare services to you, receiving payment for our services, helping us to give you good quality healthcare, and other uses required by law. In this Notice, we give you examples of how we may use your PHI. We cannot list every use or disclosure, but all uses and disclosures of your PHI fall within one of the categories described in this Notice.

Treatment. We use and share your PHI with physicians, technicians, students, and other healthcare personnel to provide you treatment or services. This includes the coordination or management of your healthcare with third parties. For example, if you are referred to a physician, we may share your PHI with that physician, to make sure that he/she has the necessary information to diagnose or treat you. We may also use your PHI contact you to check the status of your equipment and supplies.

Payment. We use and disclose your PHI to obtain payment for our healthcare services. This may include disclosure to other providers so they may receive payment for their services. For example, to get approval for equipment or supplies, we will disclose your PHI to an insurance company or other third party to obtain approval for coverage. We also provide your PHI to our business associates or other providers' business associates, such as billing companies, transcriptionists, collection agencies, and vendors who mail billing statements. These business associates are given only enough information to provide the necessary service related to your healthcare.

Healthcare Operations. We use or disclose your PHI (or a portion of it) to support our goal of providing you with good quality healthcare services. For example, we may use your PHI to evaluate the quality of healthcare services that you received, to evaluate the performance of the healthcare professionals who provided services to you, for medical review purposes, or auditing.

We May Be Required to Use or Disclose Your PHI without your Authorization.

The law sometimes requires us to use or disclose your PHI without your authorization, including:

Notification and Communication with Family. Unless you object, we may release your PHI to a relative, close friend, personal representative, or any other person you identify. The PHI we release directly relates to that person's involvement in your healthcare, or that person's help in paying for your healthcare. If you are unable to provide written authorization (agreeing or objecting to the release), we may release PHI if we determine that it is in your best interest based on our professional judgment, such as emergency situations. We may also use or share your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and releases to family or other individuals involved in your healthcare. We may use postcards to communicate with you regarding your appointments.

Required by Law, Court or Law Enforcement. We may release your PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence, when dealing with crime, or when ordered by a court.

Public Health. As required or permitted by law, we may release your PHI to public health authorities for purposes related to preventing or controlling disease, injury or disability, which includes reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Health Oversight Activities. We may release your PHI to health agencies for activities authorized by law. These oversight activities include audits, investigations, and inspections as necessary for our licensure and for the government to monitor the healthcare system, government programs and compliance with civil rights laws. For example, we may release your PHI to the Secretary of the Department of Health and Human Services so they can determine our compliance with privacy laws.

Deceased Person Information. We may release your PHI to coroners, medical examiners, and funeral directors.

Organ Donation. We may release your PHI to organizations involved in procuring, banking, or transplanting organs and tissues.

Public Safety. We may disclose your PHI to appropriate persons to prevent or lessen a serious and near threat to the health or safety of a particular person or the general public.

Specific Government Functions. We may disclose your PHI for military or national security purposes, or in certain cases, if you are in law enforcement custody.

Workers' Compensation. We may disclose your PHI as necessary to comply with workers' compensation laws. We report any injuries referred to us from an employer to your state's Department of Workers' Compensation and any work-related deaths to Occupational Safety and Health Administration ("OSHA"). All employers are given PHI regarding work-related injuries they have referred to us.

Appointment Reminders and Health-Related Benefits. We may use your PHI to contact you to provide appointment reminders.

Business Associates. We may use or disclose your PHI to "business associates" who perform healthcare or billing operations for us and who commit to respect the privacy of your PHI.

Fundraising, Marketing and the Sale of PHI. We will not sell your PHI or use or disclose it for marketing purposes without your specific permission. We do not participate in fundraising activities; if we begin, we will modify this Notice to give your rights.

Treatment of Sensitive Information. Your PHI that is psychotherapy notes and diagnostic and therapeutic information regarding mental health, drug/alcohol abuse or sexually transmitted diseases (including HIV status) will not be disclosed without your specific permission, unless required or permitted by law.

Other permitted and required uses and disclosures. Other uses and disclosures including state and federal law requirements, will be made only with your consent, authorization or opportunity to object unless a law requires us to use or disclose your PHI. You may revoke your authorization, at any time, in writing, and your revocation will apply to future uses or disclosures of your PHI.

YOUR RIGHTS ABOUT YOUR PHI

Inspect and Copy. You have the right to inspect and copy your PHI. You may receive a paper and/or electronic copy of your PHI. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to a law that prohibits access to PHI.

Request Limits. You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, except as follows: You have a right to request a restriction on certain disclosures to your health plan if the disclosure is solely for carrying out payment or healthcare operations, and you have fully paid out-of-pocket for the services.

Communication. You have the right to request to receive confidential communications from us by alternative means or at an alternative location (for example, by mail rather than by phone). You must make these requests in writing. We will comply so long as we can easily do that in the format you requested.

Corrections. You may have the right to ask us to amend your PHI. You must make this request in writing. We are not required to change your PHI. If we deny your request, we will provide you with information on how to disagree with our denial.

Disclosures. You have a right to request a list of disclosures we have made of your PHI. The request must be in writing and must be for a specific period of time (which may be limited by state law). We do not have to account for the disclosures described under treatment, payment, healthcare operations, information provided to you, information released incident to an allowed disclosure (see Incidental Disclosures section in this Notice), information released based on your written authorization, directory listings, information released for certain government functions, disclosures of a limited data set (which may only include date information and limited address information), or disclosures to correctional institutions or law enforcement in custodial situations.

Incidental Disclosures. We make reasonable efforts to avoid incidental disclosures of your PHI. An example of an incidental disclosure is conversations that may be overheard between you and our staff at one of our facilities.

Paper Copy of Notice. You have the right to obtain a paper copy of this Notice, upon request.

Complaints. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint at (770) 855-7677. We will not retaliate against you for filing a complaint.

Changes to This Notice. We reserve the right to change the terms of this Notice. We will post our current Notice on our websites. You have the right to object or withdraw your authorization about your PHI as provided in the Notice.

Affiliated Entities.

Preferred Diagnostic Centers, LLC
Sleep Services of America, Inc
MedBridge Home Medical LLC
Precision Diagnostic Services Inc
Sleep Easy Therapeutics, Inc.
SleepWorks, LLC
PSC Sleep Centers, LLC
Ogles Oxygen, LLC
Sleep Therapy, LLC
CPAP Solutions, LLC
Southeast Sleep, LLC

Your signature on the Patient Service Agreement acknowledges that you have received a copy of this Notice of our Privacy Practices.

If you have questions about any part of this notice or if you want more information about our privacy practices, contact our Privacy Officer.

Effective Date: March 20, 2016