

# Capitol Sleep Medicine, LLC

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## Notice of Privacy Practices

**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.**

The privacy of medical information is important to us. We are required by law to maintain the privacy of your health information, give you notice of our privacy practices with respect to your medical information, and follow the terms of this Notice. This Notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations that we have regarding the use and disclosure of your medical information.

**How We May Use and Disclose Medical Information About You.** The following categories describe different ways that we may use and disclose your medical information. These are examples and, therefore, not every permitted use and disclosure is listed.

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students and other trainees, or other personnel who are involved in taking care of you.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health insurance company information about services we provide to you so your health insurance company will pay us or reimburse you for the services.

**For Health Care Operations.** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to operate our practice and make sure our patients receive quality health care. For example, we may use medical information to review our services and to evaluate the performance of our staff in caring for you.

**Business Associates.** We may disclose medical information about you to our business associates who need that information in order to provide a service to us or on behalf of us. For example, our business associates may include billing companies and document shredding companies.

**Appointment Reminders.** We may use and disclose your medical information to contact you as a reminder that you have an appointment with us.

**Treatment Alternatives.** We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved With or Concerned About Your Care.** We may release information about your condition or treatment to a friend or family member relevant to his/her involvement in your care or payment for your care.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes.

**As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs which provide benefits for work-related injuries or illness.

**Public Health Activities.** We may disclose medical information about you for public health activities such as the prevention or control of disease, injury or disability, reporting of child abuse or neglect, and reporting of reactions to medications or problems with products and to fulfill requirements of the U.S. Food and Drug Administration.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities allowed by law such as audits, investigations, inspections and licensure or disciplinary actions.

**Lawsuits and Disputes.** We may disclose medical information about you in response to a Court Order, Administrative Order or certain subpoenas.

**Law Enforcement.** We may release medical information to a law enforcement official about a death we believe may be the result of criminal conduct, about criminal conduct at our health care facility; and, in emergency circumstances, to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release the medical information to funeral directors as necessary to carry out their duties.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence and other national security activities authorized by law. We may also disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or the law enforcement official.

**Other Uses of Your Medical Information.** Other uses and disclosures of your medical information not covered by this Notice or required by the laws that apply to us, will be made only with your written permission (your written permission is referred to as an Authorization). If you provide your permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons indicated in your written Authorization. You understand that we are unable to take back any disclosures that we made before we received your written notice revoking your Authorization.

**Your Rights Regarding Medical Information About You.** You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your medical information. This includes your medical and billing records but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request in certain circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long the information is kept by or for us.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your medical information. This list will not include disclosures that we made for purposes of treatment, payment and health care operations. We are also not required to include in this list the disclosures we made by acting upon your written Authorizations

Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a restriction or limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request for a restriction or limitation. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

If you paid in full and out of pocket at the time of your appointment and you request that the information related to that specific date of service for which you paid in full not be shared with your health plan for payment or health care operations, we will honor your request.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice.** You have a right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. You may also obtain a copy of this Notice at our website, [www.capitolssleep.com](http://www.capitolssleep.com).

**Changes to This Notice.** We reserve the right to change this Notice. We reserve the right 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. We will post a copy of the current Notice in our office. The Notice will contain on the first page, in the top right-hand corner, the effective date.

**For Further Information.** For further information about the matters covered by this Notice, you may contact our Practice Administrator/Privacy Officer at 614/317-9990.

**Questions and Complaints.** If you have questions about this Notice or if you think we may have violated your privacy rights, please contact us:

Capitol Sleep Medicine, LLC  
Attn: Practice Administrator/Privacy Officer  
2441 Old Stringtown Road  
Grove City, OH 43213  
614/317-9990

If you believe your privacy rights have been violated, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.