



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you may gain access to this information. Please review it carefully. Somnique Health is required by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected information.

Disclosure of your health care information:

*Treatment: We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment, or healthcare operations.

*Payment: We may disclose your health care information to your insurance provider for the purpose of payment or healthcare operations. If payment is not made as arranged, our office may utilize an outside collection agency or other means of collecting an outstanding debt. Your file containing protected health care information may be reviewed by the designated collection agency or authority.

*Workers compensation: If applicable we may disclose your health care information as necessary to comply with the Workers Compensation Laws.

*Public Health: As required by law, we may disclose your health care information to public health authorities for purposes related to: preventing or controlling a disease, injury, disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products or reactions to medication, and reporting disease or infection exposure.

*Emergencies: We may disclose your health care information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in an emergency or of your death.

*Judicial and Administrative Proceedings: We may disclose your health care information in the course of any judicial or administrative proceeding.

*Public Safety: It may be necessary to disclose your health care information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

*Law Enforcement: We may disclose your health care information to a law enforcement official for purposes such as locating or identifying a suspect, fugitive, material witness, or missing person, complying with a court ordered subpoena, and any law enforcement purposes.

*Deceased Persons: We may disclose your health care information to a coroner or medical examiner.

*Organ Donation and Research: We may disclose your health care information to organizations involved in procuring, banking, or transporting organs and tissues, or to researchers conducting research that has been approved by an Institutional Review Board.

*Specialized Government Agencies: We may disclose your health care information for military, national security, prisoner, and government benefits purposes.

*Change of Ownership: In the event that Somnique Health is sold or merged with another organization, your health care information will become the property of the new owner.

Your Health Information Rights:

*You have the right to request restrictions on certain uses and disclosures of your health care information. Please be advised however, that Somnique Health is not required to agree to the restriction you requested.

*You have the right to have your health care information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery upon your request.

*You have the right to inspect or copy your health care information.

*You have the right to request that Somnique Health amend your protected health care information. Please be advised however, that Somnique Health is not required to agree to amend your protected health care information. If your request has been denied, you will be provided with an explanation of our denial and information on how you can disagree with the denial.

*You have the right to receive an accounting of disclosures of your protected health care information made by Somnique Health.

*You have the right to a paper copy of this Notice of Privacy Practices at the time of your request.

Changes to this Notice of Privacy Practice:

Somnique Health reserves the right to amend this Notice of Privacy Practice at any time in the future and will make the new provisions effective for all information that it maintains. Until such amendment is made, Somnique Health is required to comply with this notice. Somnique Health is required by law to maintain the privacy of your health care information and to provide you with notice of its legal duties and privacy practices with respect to your health care information. If you have any questions about this part of the notice, or if you want more information about your privacy rights, please contact us at (503) 688-5536. If no one is available you may leave a message and your call will be returned within 2 business days.

Complaints

Complaints about your privacy rights or how Somnique Health has handled your health care information should be directed to Somnique Health at (503) 688-5536. If no one is available you may leave a message and your call will be returned within 2 business days. If you are not satisfied with the manner in which your complaint was handled, you may submit a formal complaint to: DHHS, Office of Civil Rights, 200 Independence Ave SW, Room 509F, HHH Building, Washington, DC 20201.