



NOTICE OF PRIVACY PRACTICES
COMPREHENSIVE SLEEP CARE CENTER
Effective Date: June 1, 2025

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR COMMITMENT TO YOUR PRIVACY

At Comprehensive Sleep Care Center ("CSCC"), we are committed to protecting the privacy of your health information. This Notice of Privacy Practices explains how we may use and disclose your Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA). It also describes your rights regarding your PHI.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

We may use and disclose your PHI for the following purposes:

- 1. Treatment:** We may use and share your health information with healthcare providers involved in your care, including doctors, nurses, and specialists, to provide you with medical treatment and services.
 - 2. Payment:** We may use and disclose your PHI to bill and collect payment for the services provided to you. This may include sharing information with your insurance company, Medicare, or other third-party payers.
 - 3. Healthcare Operations:** We may use and disclose your PHI for business operations such as quality improvement, staff training, accreditation, and compliance reviews.
 - 4. Appointment Reminders and Health-Related Benefits:** We may contact you about upcoming appointments, treatment options, or other health-related services that may be of interest to you.
 - 5. Required by Law:** We may disclose your PHI when required by federal, state, or local law, such as reporting abuse, neglect, or public health concerns.
 - 6. Public Health and Safety:** We may share your information to prevent or reduce a serious threat to public health or safety, including disease prevention and reporting adverse reactions to medications.
 - 7. Legal and Government Requests:** We may disclose your PHI in response to legal proceedings, law enforcement requests, or government oversight activities.
 - 8. Research:** We may use or share your health information for research purposes under certain conditions, with appropriate safeguards in place.
 - 9. Workers' Compensation:** We may release your PHI for workers' compensation claims or similar programs.
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YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights concerning your PHI:

- 1. Right to Access:** You have the right to inspect and obtain a copy of your health records. Requests must be made in writing.
- 2. Right to Amend:** If you believe your medical record is incorrect or incomplete, you have the right to request an amendment. We may deny your request in certain circumstances, but we will provide an explanation if we do.
- 3. Right to Request Restrictions:** You may request restrictions on how we use or disclose your PHI. We are not required to agree to all requests, but we will comply if feasible.

4. Right to Request Confidential Communications: You may request that we communicate with you in a specific way (e.g., using a different mailing address or phone number).

5. Right to an Accounting of Disclosures: You may request a list of instances in which your PHI was disclosed for reasons other than treatment, payment, or healthcare operations.

6. Right to a Paper Copy: You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

7. Right to File a Complaint: If you believe your privacy rights have been violated, you can file a complaint with our office or with the U.S. Department of Health and Human Services (HHS). We will not retaliate against you for filing a complaint.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy of your PHI.
- We must provide you with this Notice of our legal duties and privacy practices.
- We must notify you in the event of a breach that compromises your PHI.

We reserve the right to update this Notice at any time. The revised Notice will be effective for all PHI that we maintain. A copy of the most current Notice will be available at our office and on our website.

CONTACT INFORMATION

If you have any questions about this Notice or wish to exercise your rights, please contact:

Comprehensive Sleep Care Center

19441 Golf Vista Plaza

Lansdowne, VA 22194

Phone: 703-729-3420

Fax: 703-729-3422

Email: info@ComprehensiveSleepCare.com

Website: www.comprehensivesleepcare.com

Thank you for trusting Comprehensive Sleep Care Center with your health information. Your privacy is important to us.