



The Institute for Respiratory and Sleep Medicine

NOTICE OF HEALTH INFORMATION PRACTICES

This Notice is being supplied to you in compliance with federal laws. The notice describes how medical information about you may be used and disclosed by The Institute for Respiratory and Sleep Medicine ("IRSM") and how you may get access to this information. Please review it carefully.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals
- means of identifying who contributed to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the Notice upon request
- inspect and obtain copies of your health record
- amend your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has not already been taken

OUR RESPONSIBILITIES

IRSM is required to:

maintain the privacy of your health information

- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this Notice
- notify you if we are unable to agree to restriction you request
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Privacy Officer at:

The Institute for Respiratory and Sleep Medicine
1000 Floral Vale Blvd, Suite 125
Yardley, PA 19067
(215) 757-1414

1000 Floral Vale Blvd
Suite 125
Yardley, PA 19067
P: (267) 759-6300
F: (215) 757-0604

Howard J. Lee, MD | Richard D. Shusterman, MD
Bruce D. Dershaw, MD | Peter C. Serpico, DO
Rudolf Khusid, MD | Thomas Drames, DO
Mitchell D. Jacobs, MD | Mark Benjamin, MD

2630 Holme Ave
Suite 104
Philadelphia, PA 19152
P: (215) 332-9095
F: (215) 333-8903

Revised: 7/2018



The Institute for Respiratory and Sleep Medicine

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer or with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services ("DHHS"). The Privacy Officer can provide you with the address for the Director. IRSM will not retaliate if you file a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

IRSM will use your health information for treatment.

Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and will be used to determine the course of treatment. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations.

We may also provide your health information to other physicians or health care providers involved with your medical care.

IRSM will use your health information for payment.

IRSM will send a bill to you or a third-party payer for the services we provide to you. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

IRSM will use your health information for its internal operations.

IRSM may use information in your health record to assess the care and outcomes in your case and others like it. This information may then be used in an effort to continually improve the quality and effectiveness of the health care services we provide.

Notification purposes.

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Communication with family.

IRSM may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Marketing.

IRSM may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA).

IRSM may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation.

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health.

As required by law, we may disclose your health information to the public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution.

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement.

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Effective Date: April 14, 2003

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