

## PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We believe that all patients receiving services from Tranquility Sleep Specialists should be informed of their rights. Therefore, you are entitled to:

Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of service

Be informed of your financial responsibilities in advance of service / care being provided. Medicare beneficiaries will be informed if assignment is not accepted.

Receive information about the scope of services that the organization will provide and specific limitations on those services

Participate in the development and periodic revision of the plan of service

Refuse care or treatment after the consequences of refusing care or treatment are fully presented

Be informed of patient rights under state law to formulate an Advanced Directive, if applicable

Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality

Be able to identify visiting personnel members through proper identification Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property

Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal

Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated

Confidentiality and privacy of all information contained in the patient record and of Protected Health Information

Be advised on facility's policies and procedures regarding the disclosure of clinical records Choose a health care provider, including choosing an attending physician, if applicable

Receive appropriate care without discrimination in accordance with physician orders, if applicable

Be informed of any financial benefits when referred to an organization

Be fully informed of one's responsibilities PATIENT RESPONSIBILITIES

Patient submits forms that are necessary to receive services.

Patient provides accurate medical and contact information and any changes.

Patient notifies the treating provider of participation in the services provided by the facility.

Patient notifies the facility of any concerns about the care or services provided.

Patient maintains any equipment provided When the patient is unable to make medical or other decisions, the family should be consulted for direction.

All staff members will understand and be able to discuss the Patient Bill of Rights and Responsibilities with the patient and caregiver(s). Each staff member will receive training during orientation and attend an annual in-service education class on the Patient Bill of Rights and Responsibilities.

## HIPAA Privacy Notice

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. OUR COMMITMENT TO YOUR PRIVACY

It is our duty to maintain the privacy and confidentiality of your protected health information (PHI).

We will create records regarding your and the treatment and service we provide to you.

We are required by law to maintain the privacy of your PHI, which includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care.

We will share protected health information with one another, as necessary, to carry out treatment, payment or health care operations relating to the services to be rendered at the facility. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI.

This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain.

You can always request a written copy of our most current privacy notice from our Privacy Officer.  
PERMITTED USES AND DISCLOSURES We can use or disclose your PHI for purposes of treatment, payment, and health care operations.

For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed. Treatment means providing services as ordered by your physician.

Treatment also includes coordination and consultations with other health care providers relating to your care and referrals for health care from one health care provider to another.

We may also disclose PHI to outside entities performing other services related to your treatment such as hospital, diagnostic laboratories, home health or hospice agencies, etc. Payment means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, prior approval, determinations of eligibility and coverage and other utilization review activities.

Federal or state law may require us to obtain a written release from you prior to disclosing certain specially protected PHI for payment purposes, and we will ask you to sign a release, when necessary, under applicable law. Health care operations means the support functions of the facility, related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. We may use your PHI to evaluate the performance of our staff when caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

We may also disclose PHI for review and learning purposes. In addition, we may remove information that identifies you so that others can use the de-identified information to study health care and health care delivery without learning who you are.

#### OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may also use your PHI in the following ways: ☒

To provide appointment reminders for treatment or medical care. ☒

To tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you. ☒

To disclose to your family or friends or any other individual identified by you to the extent directly related to such person's involvement in your care or the payment for your care.

We may use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, of your location, general condition, or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.

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