

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.

Stellar Sleep Diagnostics is committed to preserving the privacy of your health information. In fact, we are required by law to do so for any information created or kept by us. We are also required to provide you with this Notice describing our legal duties and our practices concerning your health information.

Stellar Sleep Diagnostics refers to the service provider located at 701 E. Tudor Rd., Suite 140, Anchorage, AK 99503. For the rest of this Notice, "Stellar" will refer to all services, and workers of Stellar Sleep Diagnostics.

A. Purpose of this notice.

This notice tells you how Stellar uses and discloses the health information that you have given us or that we have learned from you while you were a patient in our laboratory. It also tells you about our responsibility to you regarding this information and how we can and cannot use your health information.

B. Uses and disclosures of health information for treatment, payment and furtherance of care.

1. Treatment, Payment and Health Care Operations. The following section describes different ways that we use and disclose health information for treatment, payment and health care operations. For each of those categories, we explain what we mean and give one or more examples. Not every use or disclosure will be noted and there may be incidental disclosures that are a byproduct of the listed uses and disclosures. The ways we use and disclose health information will fall within one of the categories.
 - a. For Treatment. We may use your health information to provide you with medical treatment or services. We may disclose your health information to staff physicians, nurse practitioners, and other personnel involved in your health care. Treatment includes (a) activities performed by nurses, office staff, hospital staff, technicians and other types of health care professionals providing care to you or coordinating or managing your care with third parties, (b) consultations with and between Stellar providers and other health care providers.
 - b. For Payment. We may use and disclose your health information so that we may bill and collect payment from you, an insurance company, or someone else for health care services you receive from Stellar. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for the treatment.
 - c. For Health Care Operations. We may use and disclose your health information in order to run the necessary administrative, educational, quality assurance and business functions at Stellar. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about patients to help us decide what additional services we should offer, how we can improve efficiency, or whether certain treatments are effective.
2. Special Circumstances. Treatment, payment and health care operations at Stellar include uses and disclosures in the circumstances listed below.
 - a. Appointment Reminders. We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or services.

C. Other permitted uses and disclosures of health care information.

We may use or disclose your health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

- a. Required By Law: As required by federal, state, or local law.
- b. Public Health Risks: For public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- c. Health Oversight Activities: To a health oversight agency for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- d. Lawsuits and Disputes; Law Enforcement: In response to a subpoena or a court or administrative order, if you are involved in a lawsuit or a dispute, or in response to a court order, subpoena, warrant, summons or similar process, if asked to do so by law enforcement.
- e. Serious Threat to Health or Safety; Disaster Relief: To appropriate individual(s)/organization(s) when necessary (i) to prevent a serious threat to your health and safety or that of the public or another person, or (ii) to notify your family members or persons responsible for you in a disaster relief effort.
- f. Military and Veterans: As required by military command or other government authority for information about a member of the domestic or foreign armed forces.
- g. National Security; Intelligence Activities; Protective Service: To federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the

protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.

- h. Workers' Compensation: To your employer via a workers' compensation or similar work-related injury program.
- i. Inmates: To a correctional institution (if you are an inmate) or a law enforcement official (if you are in that person's custody) as necessary (a) for the institution to provide you with health care; (b) to protect your or others' health and safety; or (c) for the safety and security of the correctional institution.

D. When written authorization is required.

Other than for those purposes identified above in Sections B and C, we will not use or disclose your health information for any purpose unless you give us your specific written authorization to do so. If you give us authorization, you can withdraw this written Authorization at any time.

If you revoke your Authorization, we will no longer use or disclose your health information as allowed by your written Authorization, except to the extent that we have already relied on your Authorization.

To obtain an authorization form for disclosure contact the laboratory directly.

E. Your rights regarding your health information.

You have certain rights regarding your health information which we list below. In each of these cases, if you want to exercise your rights, you must do so in writing by completing a form that you can obtain from Stellar staff..

- a. Right to Inspect and Copy. With some exceptions, you have the right to inspect and get a copy of your health information that may be used to make decisions about your care. We may deny your request to inspect and/or copy in certain limited circumstances, and if we do this, you may ask that the denial be reviewed.
- b. Right to Amend. You have the right to amend your health information maintained by Stellar, or used by Stellar to make decisions about you. We will require that you provide a reason for the request, and we may deny your request for an amendment if the request is not properly submitted, or if it asks us to amend information that (a) we did not create, (b) is not part of the health information that we keep; (c) is of a type that you would not be permitted to inspect and copy; or (d) is already accurate and complete.
- c. Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures. This is a list of certain disclosures we made of your health information. The list does not include all disclosures. For example it does not include disclosures to you, disclosures for treatment, payment, and health care operations purposes described above, or disclosures made with your Authorization as described above.
- d. Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you (a) for treatment, payment, or health care operations, or (b) to someone who is involved in your care or the payment for it, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. These restrictions should be listed on the medical record release provided to you by the laboratory.
- e. Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain place. For example, you can ask that we only contact you at work or by mail.
- f. Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice, whether or not you may have previously agreed to receive the Notice electronically.

F. Questions or complaints.

We want to provide you with all the information you need to receive the best possible care from us and the other providers that you deal with. If for any reason you have questions or concerns please contact the staff at the laboratory directly. If they are unable to assist you with your request your request will be forwarded and the matter will be resolved to your satisfaction.