



4060 Westown Parkway  
West Des Moines, IA 50266

400 SE Delaware Ave.  
Ankeny, IA 50021

**This notice describes how information about you as a patient may be used and disclosed.**

### *NOTICE OF INFORMATION PRACTICES*

Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, we are required by law to keep your medical information private and give you this notice of our practice in this regard. Your medical information may be used and disclosed for these purposes: Treatment, Payment, Healthcare System Operations, and Oversight. Examples of medical information disclosure include, but are not limited to, referrals to nursing homes, home health agencies, durable medical equipment companies, referral to other providers for treatment, insurance companies for claims including coordination of benefits with other insurers, and internal quality control and assurance including auditing of records.

#### **Iowa Sleep:**

- 1) Must disclose protected health information without the individual's written consent or authorization in circumstances of public health requirements and court orders.
- 2) Will not make any other use or disclose of a patient's protected health information without the individual's written authorization. The authorization may be revoked by the patient at any time. Revocation must be written.
- 3) May contact the patient to provide appointment reminders or information regarding treatment alternatives or other health-related benefits.
- 4) Will change the terms of its notices in accordance with HIPAA regulation amendments and to make a new notice provisions effective for all protected health information that it maintains.
- 5) Will provide each patient with a copy of any revisions of its Notice of Privacy Practices at the time of their next visit. Copies may also be obtained at any time at our office.
- 6) Any patient may file a complaint to Iowa Sleep and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Iowa Sleep, please address written correspondence to the Privacy Office at the following address: 4060 Westown Parkway, West Des Moines, Iowa 50266.

**The effective date of this notice is June 20, 2019.**



## Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations.

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Iowa Sleep originates and maintains health records describing health history, symptoms, examinations, test results, diagnosis, treatment, and any plans for future care. I understand that this information serves as a basis for:

- Planning my care and treatment.
- Communication among health professionals who contribute to my care.
- Insurance billing.
- Assessing healthcare quality.

A *Notice of Information Practices* is available at Iowa Sleep that provides a more complete description of information uses and disclosures.

I understand that I have the right to:

- 1) Review the notice prior to signing this consent.
- 2) Request a restriction on my health information.

If I request restrictions Iowa Sleep will not send out the restricted information unless required by law.

**Please print name, relationship, and telephone number for each person to whom you are authorizing release of private health care information and account balances.**

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Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

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Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date