



# PIMA LUNG & SLEEP, PC SLEEP CENTER

**AMITAB PURI, MD, FCCP, DABSM, FCCM**  
Pulmonary Medicine, Critical Care Medicine & Sleep Disorders Medicine

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBED HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

The Health Insurance Portability & Accountability Act (HIPAA) requires all health institutions to protect the privacy of patient information. HIPAA can impose penalties for recovered entities that misuse personal health information. As required by HIPAA, we are providing this notice of our practices to ensure the privacy of your health information and how we may disclose your health information.

### Treatment

Treatment means providing, coordinating, or managing health care and related services by one or more of our health care providers. For example, we must share information with your primary care provider.

### Payment

Payment means obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. For example, we must share information with your insurance company to insure we are paid accurately for our services.

### Health Care Operations

Health Care Operations are activities necessary to run our practice. This includes training our employees or providing quality assessments to regulatory agencies.

We will not disclose health information to a family member or friend without your specific written authorization. We may use your demographic information to remind you of an appointment or ask that you call our office by sending postcards and/or leaving messages at home and/or work. We will not leave medical information on answering machines.

We will not use or disclose your health information for any other purpose without your specific written authorization. This authorization may be revoked at any time by written request. The revocation is effective except to the extent Pima Lung & Sleep has taken action in reliance on the authorization.

You have certain rights regarding your protected health information which we can be exercised by sending a written request to our office at the address listed below. These rights include:

- The right to access, inspect and copy your protected health information.
- The right to request an amendment to your protected health information.
- The right to receive an accounting of disclosures of protected health information outside of treatment, payment and healthcare operations.
- The right to obtain a paper copy of this notice from us upon request or by going to our website at [pimalung.com](http://pimalung.com).
- The right to request restrictions on certain uses/disclosures, but Pima Lung & Sleep is not required to agree.
- The right to a reasonable requests to receive communications of Personal Health Information from Pima Lung & Sleep by alternative means.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

If you feel your rights have been violated, you have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, at the address below.

Pima Lung & Sleep is required to abide by the terms of the NPP currently in effect.

Pima Lung & Sleep reserves the right to change the terms of this Notice of Privacy Practices and to make the new notice provisions that will be immediately effective for all Personal Health Information it maintains. Material changes to the Notice of Privacy Practices will be posted conspicuously on this Site for a period of time.

For more information about our Privacy Practices, or to file a complaint please contact:

Sarah Puri, M.D.  
Pima Lung & Sleep, P.C.  
5310 N. La Cholla Boulevard  
Tucson, AZ 85741

For more information about HIPAA, or to file a complaint:

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(877) 696-6775

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Patient Signature

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Date

