Sleep Management Services

Your Medical Information—
Your Rights and Our Responsibilities

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.

This Notice of Privacy Practices pertains to the following related companies:

Sleep Partners, LLC, doing business as Sleep Management Services each located at
7500 Dollarway Rd., Suite 201, White Hall, AR 71602.
toll free (877) 989-9919; website: www.smssleep.com

Our Privacy Practices

Your Rights

When it comes to your health information, you have these rights.

a) You can get an electronic or paper copy of your health information.

- You can ask to see or get an electronic or paper copy of your medical records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your medical records and other health information in our possession or under our control, usually within 30 days of your request. We may charge you a reasonable, cost-based fee.

b) You can ask to correct your medical records.

- You can ask us to correct the health information about you in the medical records in our possession or under our control that you think is incorrect or incomplete. Ask us how to do this.
- We may disagree that the information is incorrect. If we do, we'll tell you why in writing within 60 days following your request.

c) You can request confidential communication by us.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a specific address to help keep our communications with you confidential.

- We'll do as you ask if your requests are reasonable.

d) You can request that we limit what health information we use or share.

- You can ask that we not use or share some or all your health information for treatment, payment, or our business operations. We are not required to agree to your request, and we may say "no." But if we agree, we'll abide by your request until you withdraw it.
- If you pay in full out-of-pocket for a service or health care item from us, you can tell us not to share information about that service or item with your health insurance plan, whether for payment or for our business operations. We'll not share that information with your health insurance plan, unless a law requires us to do so.

e) You can get a list of those with whom we've shared information about you.

- You can ask for a list (an "accounting") that shows to whom and why we've shared your health information for permitted public or private purposes during the last six years.
- Our list will include all our disclosures *except* those made for treatment, payment, or our business operations and those you asked us to make. We'll provide you with one free accounting each 12-month period, but we may charge you a reasonable, cost-based fee if you ask for additional accountings within those 12 months.

f) You can have a copy of this notice.

- You can ask for a paper copy of this notice at any time. We'll promptly give you a paper copy, even if you agreed to receive our notice electronically.

g) You can choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make the choices about your health information we describe in this notice.
- We'll make sure the person has the authority to act for you before we act on the person's requests or instructions.

h) You can file a complaint if you believe your rights are violated.

- If you believe we have violated your rights, you can file a complaint with us by contacting our Chief Executive Officer and Privacy Official using the address, phone number or email at the end of this notice.
- You can also or instead file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services by (i) sending a letter addressed to the Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201; (ii) calling 1 877-696-6775; or (iii) visiting www.hhs.gov/ocr/privacy/hipaa/complaints/**.**
- We will *not* retaliate in any way against you for filing a complaint.

Your Choices

For certain of your health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your health information in the situations described below, talk to us. Tell us what you want us to do. We'll follow your instructions if your requests are reasonable.

a) In the following situations, you have the right to tell us whether we may:

- Share your health information with your family, close friends, or others involved in your care
- Share information about you in a disaster relief situation
- Include information about you in our facility directory

If you are not able to tell us your preference—if, for example, you're unconscious—we may share your information if we believe that is in your best interest. We may also share your information if needed to lessen a serious and imminent threat to the health or safety of you or others.

b) We never use or share your information for marketing, nor do we ever sell your information, unless you give us written permission to do so:

Our Permitted Uses and Disclosures

Here is how we're permitted to use and share your health information.

a) To treat you and others: We 're permitted to use and share your health information with health care professionals who are treating you or treating others when access to your health information may assist in that treatment.

Example: We may share the results of the sleep study we conduct on you with a physician to interpret the results and with the physician who referred you to us for the sleep study.

b) To bill for our services: We're permitted to use and share your health information to bill and get payment from your health insurance plan or others who may be responsible for paying for part or all the services we have provided to you**.**

Example: We may give information about our treatment of you to your health insurance plan so we may receive payment for the services we provided to you.

c) To operate our business: We're permitted to use and share your health information to improve the quality of our services, contact you when necessary or appropriate, and otherwise operate our business.

Example: We may use and disclose information about you to control and enhance our quality and improve our services.

Other Uses and Disclosures

We're permitted to use or share your health information for certain other purposes.

We're allowed—and at times required—to use or disclose information about you in ways that contribute to the public good, such as public health and research, or to public safety, such as law enforcement and national security. We must satisfy many conditions required by law before we're allowed to use or disclose your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

a) Public health and safety: We're allowed to share your health information for public health and safety to:

- Prevent disease
- Assist with medical and other product recalls
- Report adverse drug reactions
- Report suspected abuse, neglect, or domestic violence
- Prevent or reduce a serious threat to your or someone else's health or safety

b) Research: We're allowed to use or share your information for health research

c) Comply with law:

- We'll use or disclose your information as required by state or federal laws
- We're required to share your information with the U.S. Department of Health and Human Services to ensure we're complying with federal privacy law (such as "HIPAA").

d) Medical examiners and funeral directors: We're allowed to share information about you with a coroner, medical examiner, or funeral director that pertains to a death

e) Workers' compensation, law enforcement, and other government requests: We're allowed to use or share information: about you:

- For workers' compensation claims
- For law enforcement, including with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions, such as the military, national security, and presidential protective services

f) Lawsuits and legal actions: We're allowed to use and share information about you in response to a court or administrative order or subpoena.

Our Responsibilities

We ‘re required by law to maintain the privacy and security of your health information in our possession or under our control.

We must tell you promptly if we experience a breach that may have compromised the privacy or security of your health information.

We must adhere to the privacy practices described in this notice and give you a copy of this notice on request.

We must not use or share your information, other than as described in this notice, unless you tell us we can in your written authorization. If you tell us we can, you may change your mind at any time by letting us know in writing. We will follow your instructions.

For more information about the protections for your health information, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice

We can change the terms of this notice. If we do, we will issue a revised notice, which will be posted on our website and available upon request. The changes in our revised notice will apply to all the health information we have about you, including that received prior to making the changes in our notice.

For additional information or to file a complaint

Should you have questions or want additional information about our privacy practices as described in this notice, or if you have a complaint about our privacy practices, please contact our Chief Executive Officer and Privacy Official:

Smriti (Simmi) Isaac, MA, MHA, CPHQ
Director of Compliance and Regulatory
Sleep Management Services
7500 Dollarway Rd, Suite 201, White Hall, AR 71602

856-380-1581 phone
compliance@persante.com

Effective Date

November 11, 2026