

Notice of Privacy Practices

Real Sleep Medical LLC | Effective date: January 1, 2026

This notice explains how Real Sleep Medical LLC may use and share your health information, how you can see or obtain that information, and how to contact us about your privacy rights. Please read it carefully. This notice applies to the health information Real Sleep Medical LLC maintains in providing its services, including information in SleepOps. It does not automatically cover a separate physician or dentist's own practice records or privacy notice.

Privacy contact: Elizabeth Rosenthal, Privacy Officer | Phone: 614-600-8218 | Email: info@therealsleep.com | Mailing address: 305 South Hamilton Road, Gahanna, OH 43230. In your SleepOps account, you can also contact us through Support. If you cannot sign in, use the phone or mailing address above.

Your rights

See and obtain your records

You may ask to inspect or receive an electronic or paper copy of the health information we maintain about you in the records used to make decisions about your care. Your sleep health intake, final sleep study, and any prescription may be available under Files in your SleepOps dashboard. You may still ask for other records or a different available format through Support or the privacy contact above. We generally respond within 30 calendar days. A single extension of up to 30 days may be available if we explain the delay in writing. A reasonable, cost-based fee may apply where permitted by law.

Request a correction

If you believe information in your record is inaccurate or incomplete, you may request an amendment. We may deny a request for a reason permitted by law, but we will explain a denial in writing, generally within 60 days. A permitted extension may add up to 30 days. We do not erase a signed clinical report to make a correction; an appropriate correction or statement is linked to the original.

Ask for private communications or limits on sharing

You may ask us to contact you in a particular way or at a different address. We will accommodate reasonable requests. You may also ask us to limit certain uses or disclosures for treatment, payment, or operations. We may decline some requests, but if you pay in full out of pocket for a particular item or service, you may ask us not to disclose it to your health plan for payment or operations; we will honor that request unless disclosure is required by law.

Receive an accounting and a copy of this notice

You may request an accounting of certain disclosures we made in the six years before your request. Some disclosures, including many made for treatment, payment, or health care operations, are excluded by law. One accounting in a 12-month period is free; permitted costs may apply to additional requests. You may request a paper copy of this notice even if you receive it electronically.

Have someone act for you or file a complaint

A person legally authorized to act for you, such as a parent or legal guardian where applicable, may exercise your rights after we verify that authority. If you believe your privacy rights were violated, contact Elizabeth Rosenthal through Support or the details above. You may also complain to the U.S. Department of Health and Human Services Office for Civil Rights at www.hhs.gov/hipaa/filing-a-complaint or 1-877-696-6775. We will not retaliate against you for making a complaint.

How we may use and share your information

Treatment and care coordination

We may use your intake information, sleep study, prescription, and related records to arrange and provide your care. For example, authorized staff may route your intake to an assigned sleep physician; the physician may add a study report and any clinically appropriate prescription; and a dentist involved in your care may review relevant documents and add notes. A separate treating provider may maintain its own records. We limit access in SleepOps according to roles and patient assignments.

Payment and operating our services

We may use or share information as needed to bill for services, obtain payment, manage our services, improve quality, review professional performance, administer our systems, and contact you about your care. We may use vendors to support these functions when permitted by law and under required agreements. We use reasonable safeguards and disclose only information permitted for the purpose.

Other uses allowed or required by law

Subject to applicable conditions, we may disclose information for public health and safety, health oversight, research where permitted, workers' compensation, certain law enforcement or government requests, court or administrative proceedings, organ and tissue donation, medical examiners, and other uses required by law. We review requests and applicable limits before disclosing information. We may share relevant information with family or others involved in your care or payment when permitted by law and consistent with your preferences. If you cannot tell us your preference, we may use professional judgment as permitted by law.

Uses that require written authorization

We will obtain your written authorization before uses or disclosures that require it, including most marketing, a sale of protected health information, and most uses or disclosures of psychotherapy notes. Any paid marketplace or lead arrangement involving your identifiable health information will receive separate legal review; this notice alone does not authorize such a disclosure. You may revoke an authorization in writing, except to the extent we already acted on it. We do not condition medically necessary care on agreeing to an optional marketing authorization.

Substance use disorder records with additional protections

If we receive patient records protected by the federal substance use disorder confidentiality rules in 42 CFR Part 2, those records receive additional protections. We will not use or share such records in a civil, criminal, administrative, or legislative investigation or proceeding against you unless permitted by your

written consent or by the court process required by those rules. Additional consent requirements may apply.

Our duties

We must protect the privacy and security of health information covered by this notice, follow the notice currently in effect, and tell affected individuals if a reportable breach of unsecured information occurs. We will give you a copy of this notice on request. We may revise this notice and apply the revised terms to the information we hold; the current version will be available on our website, in SleepOps, and from our privacy contact. We will use or share your information in ways not described here only with your written permission or as otherwise allowed or required by law.

How to make a request

Sign in to SleepOps and choose Support to request records, an amendment, an accounting, confidential communications, a restriction, or to raise a privacy concern. If you cannot access your account, contact Elizabeth Rosenthal using the phone or mailing address at the start of this notice. Please do not include sensitive health details in ordinary email unless we have directed you to an approved secure channel.