

## **Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUAL HEALTH INFORMATION.**

**PLEASE READ AND REVIEW THIS NOTICE CAREFULLY.**

Effective April 14, 2003

The following is the privacy policy of our office as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. We are required by law to maintain the confidentiality of information that identifies you. Also, we are required to provide you with this notice of privacy practices that we maintain concerning your **Protected Health Information (PHI)**. We also must follow the terms of the notice of privacy practices that we have in effect at the time. We reserve the right to make changes in our privacy practices regarding you PHI. If we change our privacy practices, that change will apply to all PHI that we maintain about you. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

### **Your Protected Health Information**

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information.

**IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**I Ola Lāhui**

**677 Ala Moana Blvd., Suite 904**

**Honolulu, HI 96813**

**Phone: 808-525-6255**

## Uses or Disclosures of Your Personal Health Information

Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms of that permission. The following are the circumstances under which we are permitted by law to use or disclose your personal health information.

**Without Your Consent:** Without your consent, we may use or disclose your personal health information in order to provide you with services and the treatment you require or request, or to collect payment for those service, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose your personal health information within and among our workforce in order to accomplish these same purposes. However, even with your permission, we are still required to limit such uses or disclosure to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

- 1. Examples of treatment activities include:** (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between health care providers relating to a patient; or (c) the referral of a patient for health care from one health care provider to another.
- 2. Examples of payment activities include:** (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collections of premiums or reimbursement.
- 3. Examples of health care operations include:** (a) development of clinical guidelines; (b) contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; (c) reviewing the qualifications of and training health care professionals; (d) underwriting and premium rating; (e) medical review, legal services, and auditing functions; and (f) general administrative activities such as customer service and data analysis.

### **As Required By Law**

We may use or disclose your personal health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. In each of these situations we will keep records that explain our attempt to obtain your consent and the reason why consent was obtained. *Examples of instances in which we are required to disclose your personal health information include:*

- 1. Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorities that are authorized by law to collect information for purposes such as, preventing or controlling disease or toher injury, public health surveillance or investigations, reporting adverse events with respect to food or dietary supplements or

product defects or problems to the Food and Drug Administration, medical surveillance of the workplace or to evaluate whether the individual has a work-related illness or injury in order to comply with Federal or state law.

2. **Reporting Abuse.** Our practice may disclose your PHI to report disclosures regarding victims of abuse, neglect, or domestic violence to social service or protective services agencies.
3. **Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs.
4. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, including judicial and administrative proceedings in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process;
5. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting a death.
6. **Research.** Our practice may use your PHI for certain research purposes under certain conditions.
7. **Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to avert a serious threat to health or safety;
8. **Military.** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
9. **National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
10. **Inmates.** Our practice may disclose PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
11. **Worker's Compensation.** Our practice may release your PHI for workers' compensation and similar programs.

#### All Other Situations, With Your Specific Authorization

Except as otherwise permitted or required as described above, we may not use or disclose your personal health information without your written authorization. Further, we are required to use or disclose your personal health information consistent with the terms of your authorization. You may revoke your authorization to use or disclose any personal health information at any time, except to the extent that we have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

#### Reminders and Treatment Alternatives:

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

## **Your Rights With Respect to Your Personal Health Information**

Under HIPAA, you have certain rights with respect to your personal health information. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

- 1. Requesting Restrictions.** You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your personal healthcare information in violation of such restriction, except in certain emergency situations. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the identified Privacy Officer.
- 2. Confidential Communications.** You have the right to request that our practice talk to you about your health and related issues in a particular manner or at a certain location. For instance, you may want to be contacted at your work place, instead of home. In order to request a type of confidential communication, you must make a written request to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate any reasonable request.
- 3. Inspection and Copies.** Your designated record set is a group of records we maintain that includes Medical records and billing records about you, or enrollment, payment, claims adjudication, and case or medical management records systems, as applicable. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, *except for* (a) psychotherapy notes, (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (c) health information maintained by us to the extent which the provision of access to you would be prohibited by law. You must submit your request in writing to the Privacy Officer. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We reserve the right to deny you access to and copies of certain personal health information as permitted or required by law. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us. Except in cases where the PHI is not maintained or accessible on-site, we will act on a request no later than thirty (30) days after we receive your request.
- 4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we

may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. We will act upon your request within sixty (60) days after we receive your request.

5. **Accounting of Disclosures.** You have a right to receive an accounting of all our disclosures of your PHI in the six years prior to the date of your request, except for disclosures: (a) to carry out treatment, payment and health care operations; (b) to you; (c) for our directory or to persons involved in your care; (d) for national security or intelligence purposes; (e) to correctional institutions or law enforcement officials; (f) pursuant to any written authorizations that you give to us; or (g) that occurred prior to April 14, 2003. We will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within the same twelve (12) month period.
6. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.
7. **Right to File a Complaint.** If you believe that we have violated your privacy rights, then you may file a written complaint with A. Aukahi Austin, at 677 Ala Moana Blvd., Suite 904, Honolulu, HI 96813. You may also file a complaint with the Office for Civil Rights of the Department of Health and Human Services. Your complaint must: (a) be in writing, either on paper or electronically; (b) name the Company and describe the acts or omissions you believed to be in violation of the Privacy Rules; (c) be filed within 180 days of when you knew, or should have known that the act or omission complained of occurred; unless the time limit is waived by the DHHS for good cause shown. The complaint may be sent to: Office of Civil Rights, U.S. Department of Health and Human Services, Region IX, 50 United Nations Plaza, Room 322, San Francisco, CA 94102. We will not retaliate against you for filing a complaint. If you wish to obtain additional information about any of the matters discussed in this notice you may contact I Ola Lāhui at 525-6255.

This Notice is effective as of April 14, 2003.