

Hawaii Family Medical Centers dba Kuhio Medical Center

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. *Hawaii Family Medical Centers* is permitted under federal law to make uses and disclosures of your protected health information. Protected Health Information or PHI is information that identifies you and relates to your past, present, or future health care. Examples of uses and disclosures of your PHI are:
 - a. For treatment – (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.
 - b. For payment – (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 or health benefit claims; (c) medical necessity and appropriateness of care reviews, utilization review activities; (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.
 - c. For health care operations – (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; (f) general administrative activities such as customer service and data analysis.

2. At times, *Hawaii Family Medical Centers* may need to use or share your PHI for your own good or to serve the public good, or when the law says we have to. In these cases, we'll use and share only the smallest amount of PHI needed. Examples include:
 - a. For public health activities
 - b. During a medical emergency (for example, if you are unconscious) or for disaster relief
 - c. With our business associates (BA's) or business partners
 - d. For patient safety, such as disclosures regarding victims of abuse, neglect or domestic violence.
 - e. For health oversight activities such as audits, compliance investigations and inspections.
 - f. For judicial and administrative proceedings
 - g. For law enforcement purposes
 - h. For military and veterans activities
 - i. For raising funds – Hawaii Family Medical Centers does not ask patients to raise funds for its own use
 - j. To correctional institutions and other law enforcement custodial situations
 - k. To covered entities that are government programs providing public benefits,
 - l. For workers compensation.
 - m. To respond to organ donor or tissue donation requests
 - n. To coroners, medical examiners, or funeral directors, if applicable
 - o. For health research, as permitted by law
 - p. With your family, friends, and others involved in your care, unless you object

3. *Hawaii Family Medical Centers* may share your PHI with your written authorization. Uses and sharing of psychotherapy notes, some uses and sharing for marketing, and sharing that involves sale of your PHI will need your authorization. You may also give us authorization in writing to use or share your PHI with someone you name. You may end your authorization in writing at any time. We'll honor your request unless the PHI has already been shared. We won't use or share your PHI for reasons that are not allowed by law or not described in this notice unless we get your written authorization.

4. *Hawaii Family Medical Centers*, or one of our contracted business associates, may contact you to provide appointment reminders or information about care options or other health-related benefits and services that may be of interest to you.
5. You have the following rights regarding your protected health information, which may require a written request from you:
 - a. The right to request restrictions on certain uses and disclosures of your protected health information. *Hawaii Family Medical Centers* is not required to agree to a requested restriction, however.
 - b. The right to receive confidential communications of your protected health information. We will agree to all reasonable requests.
 - c. The right to inspect and request a copy your protected health information, as provided in the Privacy Regulation, including the right to receive electronic copies of this information. We reserve the right to charge you a reasonable fee for the cost of copying supplies, labor, and postage, as allowed by law.
 - d. The right to request an amendment of your protected health information, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of your protected health information.
 - f. The right to request that information about your treatment and services not be sent to your health insurer, if you pay out-of-pocket in full for the cost of treatment and services.
 - g. The right to request that proof of immunization status of a child that you legally represent (i.e. the child's parent or legal guardian) be sent to schools based on your oral or written agreement.
6. *Hawaii Family Medical Centers* is required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and Privacy practices with respect to your protected health information. If we become aware of an unauthorized access, use, or disclosure of your protected health information that results in a compromise of the information, we will promptly notify you as required by law.
7. You may complain to *Hawaii Family Medical Centers* and to the Secretary of the Department of Health and Human Services (DHHS) if you believe your privacy rights have been violated. A brief description of how you may file a complaint follows: You must submit your complaint in writing, by mail, to the Clinic Manager or the Privacy Official at *Hawaii Family Medical Centers*. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the applicable privacy laws or this privacy policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. If you choose to file a complaint, we assure you that we won't retaliate in any way.
8. *Hawaii Family Medical Centers'* contact person for matters relating to complaints is:
 - a. Clinic Manager at (808) 245-8874 ext.11, 3-3295 Kuhio Hwy., Lihue, HI 96766 or;
 - b. Privacy Official at (808) 948-5449 or (800) 749-4672, 818 Keeaumoku Street, 8-CE, Honolulu, HI 96814 or
 - c. Write to: US Department of Health and Human Services: Office for Civil Rights, DHHS, 90 7th St., Suite 4-100, San Francisco, CA 94103
9. *Hawaii Family Medical Centers* is required to abide by the terms of this Notice, and we reserve the right to modify this notice at any time.
10. *Hawaii Family Medical Centers* will provide you with a revised Notice upon first service delivery after any material revisions of this notice. A copy will be provided to you at any time upon request.
11. This Notice went into effect on 4/14/2003, last revision December 2017

I hereby acknowledge that I have received a copy of *Hawaii Family Medical Centers'* Notice of Privacy Practices.

Individual's Name: _____

Date: _____