

## NOTICE OF PRIVACY PRACTICES

**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. The privacy of your medical information is important to us.**

### 1. Introduction

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Due to the nature of these services, we are required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice is effective on March 1, 2012

### 2. Our Legal Duty

We are required by law to:

- Keep records of the care that we provided to you;
- Keep your PHI private;
- Notify you, under certain circumstances, of breaches affecting your PHI;
- Abide by the terms of the Notice that is currently in effect; and
- Give you this Notice of our duties and privacy practices with respect to your PHI.

From time to time, we may revise our privacy practices and the terms of our Notice at any time, as permitted or required by applicable law. Such revisions to our privacy practices and our Notice may be retroactive. Our Notice will be updated and made available to our patients prior to any significant revisions of our privacy practices and policies. We will visibly post a copy of our current Notice in our business office and website. You can request a copy of this notice at any time

### 3. We May Use and Disclose Medical Information about You

The following categories describe different ways we may use and disclose PHI. Not every use or disclosure in a category will be listed

#### a. Treatment

We are permitted to use and disclose your medical information to those involved in your treatment. For example, the physician in this practice is a specialist. When we provide treatment, we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

#### b. Payment

We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment from your insurance. The form will contain medical information, such as a description of the medical services provided to you so that your insurance can approve payment to us.

#### c. Health Care Operations

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may ask another physician to review this practice's charts and medical records to evaluate our performance so that we may ensure that only the best health care is provided by this practice.

#### d. Appointment Reminders

We may use and disclose your PHI to contact you as a reminder that you have an appointment or to provide you information regarding your medical care.

#### e. Treatment Alternatives

We may use and disclose PHI to tell you about possible treatment options or alternatives.

#### f. Health Related Benefits and Services:

We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

### 4. We May Make the Following Uses and Disclosures Without Your Authorization

There are situation in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. In other situations we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

#### a. Public Health, Abuse or Neglect, and Health Oversight

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and death), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Hawaii law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

#### b. Legal Proceedings and Law Enforcement

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

- Is released pursuant to legal process, such as a warrant or subpoena;
- Pertains to a victim of crime and you are incapacitated;
- Pertains to a person who has died under circumstances that may be related to criminal conduct;
- Is about a victim of crime and we are unable to obtain the person's agreement;
- Is released because of a crime that has occurred on these premises; or
- Is released to locate a fugitive, missing person, or suspect.

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

#### c. Workers' Compensation

We may disclose your medical information as required by the Hawaii workers' compensation law.

#### d. Inmates

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

#### e. Military, National Security and Intelligence Activities, Protection of the President

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities

for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

#### **f. Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors**

When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitation organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties

#### **g. Required by Law**

We may release your medical information where the disclosure is required by law.

### **5. Your Rights Regarding Your PHI**

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the health Insurance Portability and Accountability Act (HIPPA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPPA rights. As a patient, you have a number of rights with respect to your PHI, including:

#### **a. Requested Restrictions**

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

To request a restriction, submit the following in writing: (a) The information to be restricted, (b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both), and (c) to whom the limits apply. Please send the request to Dr. Quyen Tran's office as listed below.

You may also request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

#### **b. Receiving Confidential Communications by Alternative Means**

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to Dr. Quyen Tran's office. We are required to accommodate only reasonable requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

#### **c. Inspection and Copies of Protected Health Information**

You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Hawaii law requires that requests for copies be made in writing and we ask that requests for inspection of your health information also be made in writing. Please send your request to Dr. Quyen Tran's office.

We can refuse to provide some of the information you ask to inspect or ask to be copied if the information:

- Includes psychotherapy notes
- Includes the identity of a person who provided the information if it was obtained under a promise of confidentiality.
- Is subject to the Clinical Laboratory Improvements Amendments of 1988.
- Has been compiled in anticipation of litigation.

We can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision, on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make any such review.

Hawaii law requires that we are ready to provide copies or a narrative within 15 days of your request. We will inform you of when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

HIPAA permits us to charge a reasonable cost based fee.

#### **d. Amendment of Medical Information**

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed below. We will respond within 60 days of your request. We may refuse to allow an amendment if the information:

- Wasn't created by this practice or the physicians here in this practice.
- Is not part of the Designated Record Set
- Is not available for inspection because of an appropriate denial.
- If the information is accurate and complete.

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we know have the incorrect information.

#### **e. Accounting of Certain Disclosures**

The HIPPA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to Dr. Quyen Tran's office. Your first accounting of disclosure (within a 12 month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may chose to withdraw or modify your request before any costs are incurred.

#### **f. Restrictions on Disclosures to Health Plans for Services Paid In Full Out of Pocket**

Except as otherwise required by law, at your request we will not disclose your PHI to a health plan for purposes of carrying out payment or health care operations (and is not for the purpose of carrying out treatment), if the PHI pertains solely to a health care item or services for which we have been paid out of pocket in full.

### **6. Complaints**

If you are concerned that your privacy rights have been violated, you may contact our office. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services  
HIPPA Complaint  
7500 Security Blvd., C5-24-04  
Baltimore, MD 21244

### **7. Our Promise to You**

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

### **8. Questions and Contact Person for Requests**

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Hilo Obstetrics and Gynecology  
Dr. Quyen Tran  
670 Ponahawai St., Suite 115  
Hilo, HI 96720  
(808) 933-2100