

Hawaii Family Medical Centers

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 to make uses and disclosures of your protected health information for treatment, payment and health care operations, as described in the following examples:
 - 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. *Hawaii Family Medical Centers* is permitted or required, under specific circumstances, to use or disclose your protected health information without your written authorization. *Examples include*:
 - a. Public health activities
 - b. Disclosure regarding victims of abuse, neglect or domestic violence.
 - c. Health oversight activities such as audits, criminal investigations and inspections.
 - d. Judicial and administrative proceedings
 - e. Law enforcement purposes
 - f. Military and veterans activities
 - g. Correctional institutions and other law enforcement custodial situations
 - h. Covered entities that are government programs providing public benefits, and for workers compensation.
3. Other uses and disclosures will be made only with your written authorization, and you may revoke such authorization.
4. *Hawaii Family Medical Centers* intends to engage the following activity:
 - a. *Hawaii Family Medical Centers* 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 or the patient.

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, as applicable.
 - c. The right to inspect and copy your protected health information, as provided in the Privacy Regulation.
 - d. The right to amend your protected health information, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of your protected health information.
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.
7. *Hawaii Family Medical Centers* is required to abide by the terms of the Notice currently in effect.
8. *Hawaii Family Medical Centers* reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
9. *Hawaii Family Medical Centers* will provide you or the patient with a revised Notice *upon first service delivery after revision and a copy will be provided upon request.*
10. You may complain to *Hawaii Family Medical Centers* and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, 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 HIPAA 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.
11. *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) 432-9243, 3465 Waialae Ave., 4th floor, Honolulu, HI 96816*
12. This Notice is first in effect on *4/14/2003*

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

Individual's Name

Date: _____