

Notice of the Uses and Disclosures of Protected Health Information



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.

We are required by federal law to maintain the privacy of your Protected Health Information (“PHI”), and to provide you with notice of our legal duties and privacy practices regarding Protected Health Information. “Protected Health Information” is information that we keep in electronic, paper or other form, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition, and related health care services.

We are required to abide by the terms of this Notice. We may change the terms of our notice at any time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may also access a revised version by accessing our website, or by calling our office and requesting one.

Uses and Disclosures of Protected Health Information

Your Protected Health Information may be used and disclosed by your physician, our office staff, and others outside our office who are involved in your care and treatment for the purpose of providing health care services to you. I understand that this facility may share my information electronically or on paper with other providers in the course of my treatment, for making arrangements for my continuing care, or upon request when seeking care from other providers. If I prefer that this facility not use or share my information, I may submit a written request for consideration per this facility’s Notice of Privacy Practices.

Additionally, the independent providers who are providing health care services at or through our facilities or who share electronic health records with Hawaii Pacific Health’s Health Advantage Connect partners, have agreed to follow this Notice when providing services at or through that facility. These independent providers, however, are legally separate and responsible for their own acts.

1. **Treatment:** We may disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. For example, we may disclose your PHI to doctors, nurses, and other health care personnel or providers to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We may also permit disclosure of your electronic health record via electronic transfer to other facilities and providers for treatment purposes. We also may disclose your PHI to other people who provide services that are part of your care, such as a hospice or home health agency. We participate in one or more Health Information Exchanges (“HIE”). Your health information and basic identifying information regarding your visits to our facilities may be shared with the HIEs for the purpose of diagnosis and treatment. Other providers participating in these HIEs may access the information as part of your treatment.
2. **Payment:** We may disclose your PHI to obtain payment. Disclosure for “payment” include: (a) disclosure to a health plan to determine your eligibility or coverage under the plan; (b) disclosures to a health plan to obtain reimbursement for delivering medical services to you; (c) disclosures to billing services and collection agencies; (d) disclosures for utilization management and determinations of whether the medical services we deliver to you are necessary or appropriate; (e) disclosures to determine whether the amount we charge you for medical services are justifiable.
3. **Health Care Operations:** We may use or disclose your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, and conducting or arranging for other business activities. We will share your PHI with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

4. Reminders and Treatment Alternatives: We may contact you to provide you with appointment reminders or information about medical treatment alternatives or other health-related benefits and services that may be of interest to you. This communication may be by telephone and/or an appointment reminder card.

We may disclose your PHI without your authorization in the following circumstances: (a) for public health activities, such as controlling communicable diseases, reporting child abuse or neglect, to monitor or evaluate the quality, safety or effectiveness of FDA-related products or services; (b) for reporting victims of abuse, neglect, or domestic violence; (c) for health oversight activities, such as overseeing government benefit programs; (d) in response to judicial or administrative orders, such as subpoenas; (e) for law enforcement purposes, such as mandatory reporting of certain types of wounds, or identifying or locating individuals; (f) for certain research purposes; (g) to avert a serious threat to the health or safety of an individual or the general public; (h) for selected government functions, such as national security; (i) if you are an inmate of a correctional facility and your physician created or received your PHI in the course or providing you care; and (j) to comply with Workers' Compensation laws and other similar legally-established programs.

In all other circumstances, we must obtain your authorization to use or disclose your PHI. You will be required to sign an authorization form which permits us to use and disclose your PHI for certain purposes. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered in your written authorization, however, we are unable to take back any disclosures already made with your authorization.

You have the following rights with respect to your Protected Health Information:

1. The right to request restrictions on our use and disclosure of your PHI for treatment, payment, or health care operations. If we agree to any restriction, then we cannot violate that restriction except in the case of emergency treatment. However, we are not required to agree to any restrictions.
2. The right to request in writing and to receive confidential communications of your PHI by alternative means (such as by mail or email) or at alternative locations (such as your office or business workplace).
3. The right to request in writing the ability to inspect and copy your PHI. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to PHI. Except in the cases where the PHI is not maintained or accessible onsite, we will act on a request for access no later than thirty (30) days after we receive your request. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.
4. The right to request in writing that we amend your PHI. Your request must contain the reasons to support the requested amendment. In certain cases, we may deny your request for an amendment.
5. The right to receive an accounting of all our disclosures, if any, for purposes other than (a) treatment, payment, or health care operations as described in this Notice; (b) to you; (c) for our directory or to persons involved in your care; (d) for national security or intelligence purposes; (e) to correctional facilities or law enforcement officials; (f) pursuant to any written authorization that you give to us; (g) that occurred prior to April 14, 2003.
6. The right to obtain from us a paper copy of this notice.

If you believe that your privacy rights have been violated by us, you may file a complaint with the Secretary of Health & Human Services, as well as with our Privacy Officer. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at IMUA Orthopedics Sports & Health at 808-521-8170 for further information about the complaint process.

This Notice was published and becomes effective on December 1, 2012.