

**HAWAII PRIVACY OF HEALTH CARE INFORMATION ON LAW
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.

Uses and Disclosures: We will use and disclose elements of your protected health information (PHI) in the following ways without your signed authorization:

- ◆ Continuation of care by a specialist or another doctor
- ◆ Release of information to your health plan for payment
- ◆ Payment to physicians and hospitals who provide you with health care services
- ◆ When release is required by law, including in judicial settings and to health oversight regulatory agencies and law enforcement
- ◆ In emergency situations or to avert serious health/safety situations
- ◆ To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties
- ◆ To organ, tissue and other donation organizations
- ◆ To contact you about appointment reminders, treatment alternatives and other health related benefits and services
- ◆ All other uses and disclosure by us will require us to obtain from you a written authorization in addition to any other permission you will provide us

Your rights: You have the following rights concerning your PHI:

- ◆ To inspect and request copies of your medical records or to appeal any denial of your request for inspection or copying
- ◆ To request that your health care provider append information to your medical record
- ◆ To receive correspondence of confidential information by alternate means or location
- ◆ To receive an accounting of the disclosures by us of your PHI
- ◆ To get updates or reissue of this notice, at your request
- ◆ To complain to us or the U.S. Dept. of Health & Human Services if you feel your privacy rights have been violated

How you can inspect, obtain copies and/or amend your medical record:

- ◆ If you wish to obtain copies of your medical records, send a written request to this office and you will be provided a full copy within 30 days.
- ◆ If you wish to attach information to improve the accuracy or completeness of your medical record, submit your request in writing to this office and this information will be attached to your record. None of the original records may be destroyed or erased.

Our duties: We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

Effective date: This notice is effective 04/14/03.

I acknowledge receipt of this notice:

Signed: _____ Date: _____

Printed Name: _____