
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY - THE PRIVACY OF YOUR/CHILD'S HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. (Whenever "you/your" is mentioned in this notice, it means "you as a patient, as the parent/guardian of your child, or as the guardian or legally appointed personal representative of an incapacitated adult.")

We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect July 1, 2016, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. All employees of the health center work together to provide you with the best treatment possible. Any employee participating in your treatment may use or disclose your health information to another employee for the purpose of providing you with health care. For example, information obtained by your Provider will be included in your medical record. This information will be used by your Provider and other health center employees to determine what treatment you should receive and to properly administer that treatment. Providers will also record actions taken in the course of your treatment and note how you respond to the actions.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. For example, a claim may be sent to your insurance carrier in order for your insurance carrier to make payment based upon your benefits coverage. The information on the claim will include



information that identifies you, your diagnosis and treatment or supplies used in the course of treatment

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. For example, your health information may be disclosed to your health insurance carrier to:

- Evaluate the performance of your Provider;
- Assess the quality of care and outcomes in your cases and similar cases; and
- Learn how to improve our services to you.

The Health Center will not use your information for its own fundraising activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information of to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

In particular, most uses and disclosures of psychotherapy notes require your written authorization. “Psychotherapy Notes” are the personal notes of a mental health professional that analyze the contents of conversations during a counseling session. They are treated differently under federal law than other mental health records.

USE OF YOUR HEALTH INFORMATION IN SPECIAL SITUATIONS

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with our healthcare operations or with payment for your healthcare or to notify them of your condition and location in the event of an emergency. Except in an emergency, we will only make these disclosures if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up medical supplies, medications or other similar forms of health information.



Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization. “Marketing” is a communication that encourages you to purchase a product or service. However, it is not marketing if we communicate with you about health-related products or services we offer, as long as we are not paid by a third party for making that communication.

Sale of PHI: We will not sell your health information without your written authorization.

De-Identified Health Information: We may create de-identified health care information from which all information identifying individuals to whom the information originally pertained has been deleted.

Use for Research: We may create materials from which most identifying information has been deleted in order to allow other entities to conduct research, public health or health care operations activities. We may also disclose your health information in connection with certain research projects that have been evaluated and approved through a research approval process that takes into account patients’ need for privacy.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect and Public Health Purposes: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others or to comply with reporting requirements imposed by the Department of Health or other government agencies.

Health Oversight Activities: We may disclose your health information to federal and state agencies for such activities as audits, or civil, administrative or criminal investigations.

Judicial and Administrative Proceedings: We may disclose your health information as required to comply with a court order, subpoena or other legal process.

Law Enforcement: We may disclose your health information as required in response to legitimate law enforcement inquiries.

Workers’ Compensation: We may disclose your health information to the extent that the disclosure is required to comply with workers’ compensation laws.

Other Purposes: We may disclose your health information to coroners, medical examiners or funeral directors in connection with their official duties or to facilitate organ, eye or tissue donation.

National Security: We may disclose to military authorities the health information of Armed Forces

personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you for each page, per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, with one exception: If you have paid out of pocket and in full for a health care item or service, you may request that we do not disclose your health information related to that item or service to a health plan for purposes of payment or health care operations. If you make such a request, we will not disclose your health information to the health plan unless the disclosure is otherwise required by law. If we do agree to other restrictions, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **(You must make your request in writing.)** Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.



To a Paper Copy of This Notice: You have a right to obtain a paper copy of this Notice upon Request.

Notice of Any Breach of Your Unsecured Health Information: You have a right to notice in writing if we improperly use or disclose your health information in a manner that meets the definition of “breach” under federal law. Although there are some exceptions, a breach generally occurs when health information about you is not encrypted and is accessed by, or disclosed to, an unauthorized person.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the Office for Civil Rights of the U.S. Department of Health and Human Services at this address:

Office for Civil Rights

United States Department of Health & Human Services
90 7th Street, Suite 4-100 San Francisco, California 94103
Telephone: (800) 368-1019 Fax: (415) 437-8329 TDD: (800) 537-7697

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer: Olivia Pascual, RN-BC

Telephone: (808) 565-6919 Fax: (808) 565-9111
Address: P.O. Box 630142, Lānaʻi City, Hawaii 96763

Board Approved 7/19/2016

PATIENT CONFIRMATION OF RECEIPT

I hereby acknowledge that I have received a copy of Lānaʻi Community Health Center’s Notice of Privacy Practices or that I was offered a copy and refused it.

Signature: _____ Date: _____

Witness: _____ Date: _____