

LĀNA`I COMMUNITY HEALTH CENTER

P. O. Box 630142
Lāna`i City, HI 96763-0142



Phone: 808-565-6919
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FREQUENTLY ASKED QUESTIONS—HIPAA

In a constantly changing healthcare environment, **Lāna`i Community Health Center (LCHC)** is committed to educating our patients about healthcare issues that affect them. As a result, we have provided below general information about the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for your review. **LCHC** is complying with HIPAA's regulations and would be happy to answer any additional questions you might have.

WHAT IS THE PRIVACY RULE?

The Privacy Rule is part of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The Privacy Rule establishes a federal requirement that doctors, hospitals or other healthcare providers and health plans obtain a patient's written consent before using or disclosing a patient's personal health information to carry out treatment, payment or healthcare operations. **LCHC** is required by law to be compliant with the Privacy Rule.

WHAT IS PHI?

PHI, or protected health information, means any personal health information as defined by law, including demographic information that is collected from a patient by a healthcare provider or other entity that could potentially identify the individual. PHI includes all medical records and other individually identifiable health information held or disclosed by **LCHC** regardless of how it is communicated (e.g., electronically, written, verbally).

WHAT IS TPO?

TPO refers to the treatment, payment or healthcare operations of **Lāna`i Community Health Center**. In other words, **LCHC** can use or disclose PHI for performing any activity that it deems necessary for 1) providing quality patient care, 2) ensuring that **LCHC** gets paid for services, and 3) operating **LCHC**. Some examples of these

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these activities are use of PHI by the LCHC Providers and Clinical Staff to treat a patient, use of PHI by the LCHC business office to verify insurance information for billing purposes, use of PHI to obtain a referral, and use of PHI for our health center’s business planning and internal management activities.

WHY DO I HAVE TO SIGN A CONSENT FORM?

In order to use or disclose your PHI, **LCHC** is required to obtain a signed consent form from you to directly treat you or carry out healthcare payment and operations activities. Our health center is **not required** to obtain your prior consent in an emergency, when **LCHC** is required by law to treat you, or when there are substantial communication barriers. **LCHC** reserves the right to refuse to treat you if you do not sign the consent form.

WHAT IS THE DIFFERENCE BETWEEN THE CONSENT AND AUTHORIZATION FORMS?

In order to use or disclose your PHI for specified purposes **other than** direct treatment, payment, or healthcare operations, **LCHC** is required to obtain a signed authorization form from you. For example, if you request **LCHC** to disclose PHI to a third party, you must sign an authorization form. This authorization form is more detailed than a consent form and has a specific expiration date.

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