

# HIPAA Policy

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. If you have any questions about this notice, please contact our Privacy Officer at (808) 949-6611.



**Advanced Reproductive  
Center of Hawai'i**

## Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy policies that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy policy that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- Our obligations concerning the use and disclosure of your PHI
- How we may use and disclose your PHI
- Your privacy rights in your PHI

## Our obligations

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy policies regarding health information about you
- Follow the terms of our notice that is currently in effect.

## How we may use and disclose health information

We may use and disclose health information for the following purposes:

**Treatment.** Information may be disclosed during your treatment and to provide you with treatment related health care services. For example, other doctors or medically related personnel, pharmacy or laboratory services; including people outside our office, who are involved in your medical care and need the information to provide you with medical care. Your name and location may be revealed within the office setting. Additionally we may disclose information to others who may assist in your care, such as your spouse, partner, children or parents.

**Payment.** We may disclose health information to bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, disclosures to a health plan, a utilization management organization, or a collection agency.

**Healthcare Operations.** Information may be disclosed to ensure our patients receive quality care, and to operate and manage our office. For example, we may disclose information with an individual who is involved in your care or payment for your care. For example, we may notify your family about your location or general condition.

**Reminders, Treatment Alternatives, and Health Related Benefits.** We may contact you to remind you of an appointment or to provide you with information regarding treatment or services available to you.

**Individuals involved in your care.** When appropriate, we may share information with an individual who is involved in your care or payment for your care. For example, we may notify your family about your location or general condition.

**Research.** Your information may be disclosed for research purposes. Research projects are also subject to state and federal privacy regulations.

## Other circumstances in which we will disclose health information

We may disclose health information as required by law.

**Government reporting.** By law we are required to report some information to the Centers for Disease Control and Prevention (CDC), which is also subject to state and federal privacy regulations.

**Public Health activities.** We may disclose information for public health activities, such as controlling communicable diseases, or reporting child abuse or neglect; or other activities authorized by law, such as civil or criminal procedures.

**To avert a threat to health or safety.** We may disclose information to governmental

agencies for activities authorized by law, such as investigations and inspections.

**Lawsuits and similar proceedings.** We may disclose information in response to a court order or administrative order of you are involved in a lawsuit or similar proceeding, or if we are required to do so by a law enforcement official.

**Business associates.** We may also disclose information to our business associates that perform functions on our behalf or provide services to us. Our business associates are obligated to protect the privacy of your information and must limit its use.

## Your rights

You have the following rights regarding the information we have about you.

**Confidential communication.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. You may ask that we contact you at home, rather than at work. Please make a written request specifying the manner or location of contact. We will accommodate reasonable requests. You do not need to give a reason for your request. However, if in the course of treatment, payment, healthcare operations, or emergency, we are unable to contact you or you do not respond to our communication, we may contact you in a manner other than your specific request.

**Requesting restrictions.** You may request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. You also have the right to request a restriction of our disclosure to individuals involved in your treatment or payment for your care. We are not required to agree to your request. If we do agree, then we cannot violate that restriction except in the case of an emergency treatment. You must make your request in writing and describe the information you wish restricted, whether you are requesting to limit our practice's use and/or disclosure, and to whom you want the limits to apply. If you

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## HIPAA Policy (continued)

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## Advanced Reproductive Center of Hawai'i

restrict disclosure to those responsible for payment, you will be responsible for all fees at the time of the service. You must revoke your request for restriction in writing.

**Inspection and copies.** You have the right to inspect and obtain copies of your PHI, not including psychotherapy notes. You must submit your request in writing and in person to our Privacy Officer in order to inspect and/or obtain a copy. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We will act on your request for access no later than thirty (30) days after we receive your request. We may deny your request. In certain circumstances, we have the right to deny your request.

**Amendment of information.** You may request that we amend your PHI if you believe that it is incorrect or incomplete. You must make your request in writing and in person to our Privacy Officer. You must provide us with a reason that supports your request for amendment. We may deny your request if it is not in writing, done in person, or if you request an amendment of information that in our opinion is not a) accurate, b) not part of the PHI kept by or for our practice, c) not

part of the PHI you would be permitted to inspect, or d) created by our practice. We will act on your request for access no later than sixty (60) days after we receive your request. We cannot alter your PHI, we can only amend it.

**Accounting of disclosures.** You have the right to request an accounting of non-routine disclosures our practice has made of your PHI for non-treatment, non-payment, or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. Make your request in writing and in person to our Privacy Officer. All requests for an accounting must state a time period (no longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003). The first list you request within a 12 month period is free of charge, but we may charge you for additional lists within the same 12 month period.

**Paper copy of this notice.** You are entitled to receive a copy of this notice of privacy policy.

**Authorization for other uses and disclosure.** You may provide written authorization for uses and disclosures that are not identified

by this notice or permitted by law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked in writing at any time.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. The complaint may be sent to the Office for Civil Rights, U.S. Department of Health & Human Services, 50 United Nations Plaza - Room 322, San Francisco, CA 94102. To file a complaint with our office, please contact our Privacy Officer. All complaints must be made in writing. You will not be penalized for filing a complaint.

### Changes to this notice

We reserve the right to make changes in our privacy policy regarding your health information. Any revisions will apply to health information in our possession as well as information we receive in the future. A copy of our current Notice will be posted at all times.

▶  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

By signing the above, I acknowledge receipt of this privacy policy as outlined by the Health Insurance Portability and Accountability Act.