

HAWAII HAND & REHABILITATION SERVICES LLC

1401 S. Beretania St. #730, Honolulu, HI 96814 Phone: (808) 593-2830 Fax: (808) 593-2840

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 CAREFULLY.

Our Commitment To You

Hawaii Hand & Rehabilitation Services LLC is committed to maintaining the privacy of your health information. During your treatment with us, physicians, nurses, and other personnel may collect information about your health history and your current health status. This Notice explains how that information, called “Protected Health Information” (PHI) may be used and disclosed to carry out treatment, payment and or health care operations. The terms of this Notice apply to health information produced or obtained by Hawaii Hand & Rehabilitation Services LLC.

Our Legal Duties

The U.S. HIPAA Privacy Law requires us to provide this Notice to you regarding our privacy practices, our legal duties to protect your private information and your rights to health information about you. We are required to follow the privacy practices described in this Notice whenever we use or disclose your PHI. Other companies or persons that perform services on our behalf (called Business Associates) must also protect the privacy of your information. Business Associates are not allowed to release it to anyone else unless specifically permitted by law. There may be other state and federal laws that we will follow that provide additional protections related to communicable disease, mental health, substance or alcohol abuse, or other health conditions.

Your Health Information May Be Used And Disclosed

Hawaii Hand & Rehabilitation Services LLC is permitted by HIPAA Privacy Law to make uses and disclosures of your health information for purposes of treatment, payment and health care operations.

Treatment: We will use and may share your PHI for your health care and treatments. For example, a therapist will obtain treatment information about you and record it in a medical record. Alternatively, our therapists may use information about you for a consultation with or a referral to your physician or other therapists to provide treatment for your injury or condition.

Payment: We may disclose your PHI to other health care providers and organizations involved in your care to assist in billing and collection efforts. For example, we may disclose information to your insurance company about services recommended for you to determine eligibility and benefits. We may also disclose your health information to third parties for collection of payment.

Health Care Operations: We may use and share your PHI for Hawaii Hand & Rehabilitation Services LLC's health care operations, which include planning, management, quality assessment, and improvement activities for the treatments that we deliver. For example, we may use your PHI to evaluate the skills of our therapists and office staff in caring for you. We also may use your information to review quality and health outcomes. We may call you by name in the waiting area. We may contact you at the phone numbers/email address you provide for us and leave messages with the most minimal information necessary. We will obtain your written permission before making disclosures to others outside Hawaii Hand & Rehabilitation Services LLC for health care operations purposes.

Appointment Reminders: We may use your PHI to contact you by phone to confirm an appointment, or to change one, or to send you reminders of a future appointment. For example, we may call the contact # you provide to let you know and remind you of your therapy appointments. You may opt to decline any reminder calls.

People Assisting in Your Care: We may disclose your PHI to a personal representative who has authority under law to make health care decisions on your behalf. This may include family members, relatives, or close friends and/or interpreters who are helping care for you or helping you pay your health care bills. We will disclose information to them only if these people need to know the information to help you. For example, we may provide limited information to a family member so that they may assist you in hand therapy or use of a brace. Generally,

Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice any time. This Notice is available at our reception desk.

Right to Cancel Authorization to Use or Disclose: Other uses and disclosures of your PHI not covered by this Notice or the laws that govern us will be made only with your written authorization. You have the right to revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your PHI for the reasons covered by your authorization. We are unable to take back any disclosures that were already made with your authorization, and we are required to retain the records of the care that we provided to you.

For further information: If you have questions, or would like additional information, you may contact **HIPAA Privacy Officer** Hawaii Hand & Rehabilitation Services LLC 1401 S. Beretania St. #730 Honolulu, HI 96814.

To File a Complaint: If you believe your privacy rights have been violated, you may file a written complaint with us at **HIPAA Privacy Officer** Hawaii Hand & Rehabilitation Services LLC 1401 S. Beretania St. #730 Honolulu, HI 96814. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. 20201, within 180 days of a violation of your rights. ***There will be no retaliation for filing a complaint.*** We cannot, and will not, require you to waive the right to file a complaint as a condition of receiving treatment from us.

Changes to this Notice: Hawaii Hand & Rehabilitation Services LLC 1401 S. Beretania St. #730 Honolulu, HI 96814 reserves the right to amend, change, or eliminate the terms of this Notice at any time. If we change this Notice, we may make the new Notice's terms effective for all PHI that we maintain, including any information created or received prior to issuing the new Notice. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our reception desk and picking up a copy.

Effective Date: This Notice is effective as of December 1, 2014.

right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.

Right to an Accounting of Disclosures: You have the right to receive an “accounting of disclosures” made by us of PHO about you, as required by law. This accounting will not include any disclosures for treatment, payment, or health care operations; disclosures that you have authorized or that have been made to you; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures.

Your accounting request must be in writing and signed by you or your personal representative, and submitted to Hawaii Hand & Rehabilitation Services LLC 1401 S. Beretania St. #730 Honolulu, HI 96814 Attn: HIPAA Privacy Officer. Your request must state a time-period for which you would like the accounting. The accounting period may not go back further than six years from the date of the request, and it may not include dates before April 14, 2003. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health issues by alternative means or at an alternative location. For example, you may request that messages not be left on voice mail or sent to a particular address.

A request for confidential communications must be in writing, signed by you or your personal representative, and submitted to **HIPAA Privacy Officer**, Hawaii Hand & Rehabilitation Services LLC 1401 S. Beretania St. #730 Honolulu, HI 96814. Your request must specify how or where you wish to be contacted, and we may require you to provide information about how confidential payments will be managed. We are required to accommodate all reasonable requests.

we will ask you prior to making disclosures if you agree to such disclosures. If you are unable to make health-related decisions or it is an emergency, Hawaii Hand & Rehabilitation Services LLC will determine if it would be in your best interest to disclose pertinent health information about you to the people assisting in your care.

As Required by Law: We must disclose your PHI if we are required by federal, state, or local law.

Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to avert a serious threat to your health and safety, or the health and safety of the public or another person.

Special Situations In Which Your Health Information May Be Released

Your PHI may be released in the following special situations:

Specialized Government Functions: If you are a member of the military or a veteran, we will disclose your PHI as required by command authorities; or if you give us your written permission. We may also disclose your PHI for other specialized government functions such as national security or intelligence activities.

Workers Compensation: If you are seeking compensation due to a work-related injury, we may release your PHI to the extent necessary to comply with laws relating to Workers Compensation claims.

Employers: We may release PHI to your employer if we provide treatment for you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will provide you with written notice of such information disclosure. Any other disclosures to your employer will be made only if you sign a specific authorization for release of that information.

Health Oversight Activities: We must disclose PHI to a health oversight agency for activities that are required by federal, state or local law. Oversight activities include investigations, inspections, industry licensures, and government audits.

Lawsuits and Disputes: If you are involved in a lawsuit, dispute, or other judicial proceeding, we may disclose your PHI in response to a court order or subpoena, other lawful process, but only if efforts have been

made to tell you about the request or to obtain an order protecting the information requested.

Correctional Facilities: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official. We may release your PHI for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.

Required by HIPAA Law: The Secretary of the Department of Health and Human Services (HHS) may investigate privacy violations. If your PHI is requested as part of an investigation, we must share your information with the HHS.

Situations In Which Your Health Information May Be Disclosed With Your Written Consent

For any purpose other than the ones described above, we may only use or share your health information when you give us your written authorization to do so. For example, you will need to sign an authorization form before we can send your health information to a physician or therapy provider that is not directly involved in referring you to Hawaii Hand & Rehabilitation Services LLC.

Your Rights Regarding Health Information We Maintain About You

Right to Inspect and Copy: You have the right to inspect and/or to receive a copy of your health information that that we maintain in designated records and for which we use to make decisions about your care.

If you wish to inspect and/or receive a copy of your PHI, you must submit your request in writing to **HIPAA Privacy Officer**, Hawaii Hand & Rehabilitation Services LLC 1401 S. Beretania St. #730 Honolulu, HI 96814. Your request must state that you want access to your PHI and must be signed by you or your personal representative. We may charge you a fee for copying and postage.

Right to Request Amendment: If you believe that any PHI we have about you is incorrect or incomplete, you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for Hawaii Hand & Rehabilitation Services LLC.

To request an amendment to your PHI, your request must be in writing, signed, and submitted to **HIPAA Privacy Officer**, Hawaii Hand & Rehabilitation Services LLC 1401 S. Beretania St. #730 Honolulu, HI 96814. In addition, you must provide a reason for your request.

We are not obligated to make all requested amendments but we will give each request careful consideration. We may deny your request if you ask us to amend information that:

- o Was not created by us, unless the person or location that created the information is no longer available to make the amendment;
- o Is not part of the health information kept by or for us;
- o Is not part of the information that you would be permitted to inspect and copy; or, is accurate and complete

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

Right to Request Restrictions on Use and Disclosure: You have the right to request a restriction or limitation on certain uses and disclosures of your PHI.

To request restrictions, you must make your request in writing to **HIPAA Privacy Officer**, Hawaii Hand & Rehabilitation Services LLC 1401 S. Beretania St. #730 Honolulu, HI 96814. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply – for example, if you want to prohibit disclosures for insurance payment, health care operations, to persons involved in your care, or to your spouse. It must be signed by you or your personal representative.

We are not required to agree to your request, but we will attempt to accommodate reasonable requests when appropriate. We retain the