



Hawaii Women's Healthcare
Comprehensive Care in Obstetrics and Gynecology

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Notice of Privacy Practices

EFFECTIVE DATE: JANUARY 1, 2015

We care about the privacy of our patients. This notice describes how Hawaii Women's Healthcare's physicians, employees and agents may use and disclose your protected health information. It also informs you about what your rights are under privacy laws and who to contact for more information or to file a complaint.

We may change our Notice at any time. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will apply to all of your records that Hawaii Women's Healthcare LLC, has created or maintained in the past and for any of your records that we may create or maintain in the future. We will visibly post a copy of our current Notice in our office. You may request a copy of the Notice. The Notice also will be posted on our website.

Your Protected Health Information, or PHI: Your PHI includes information about you, the health care services you get, and payment for your care.

Our Legal Duty - We are required by law to:

- Keep records of the care that we provided to you
- Keep your information private,
- Notify you, under certain circumstances, of breaches affecting your PHI,
- Abide by the terms of this Notice, and
- Give you a copy of this Notice.

We May Use and Disclose Medical Information about You - The following areas describe the ways we may use and disclose PHI:

Treatment: We may use and disclose your PHI to provide you with medical treatment or services. For example, we may disclose your PHI to doctors, nurses, and other health care personnel or providers to coordinate the different things you need, such as prescriptions, lab work, and X-rays. We also may disclose your PHI to other people who provide services that are part of your care, such as a hospice or home care agency.

Payment: We may use and disclose your PHI to bill and collect payment for your health care services. We may disclose your PHI to other health care providers and organizations involved in your care to assist in their billing and collection efforts. This may include, for example, disclosures to your health insurance plan about services we recommend for you so your plan can determine eligibility, coverage, or medical necessity or conduct utilization review activities. We also may disclose your PHI to third parties to collect payment.

Health Care Operations: We may use your PHI or share it with others in the course of operating our office. For example, we may disclose your PHI to third parties who perform various activities on our behalf, such as accounting, transcription services, data analysis, and quality improvement. In addition,

we may disclose your PHI for payment activities and certain business operations of another health care provider or health plan as long as they have or had a relationship with you; the information disclosed pertains to that relationship; and the information is used for one of the following health care operations: quality assessment and improvement; case management and care coordination.

Education and Training: We may disclose information to doctors, nurses, technicians, training doctors, medical students, postgraduate fellows and other hospital personnel for review and learning purposes.

Health Related Benefits and Services: We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Research: Under certain circumstances, we may use and disclose your PHI for research purposes but only as allowed by law or with your permission. We may use your PHI to contact you with information about a research study in which you might be interested in participating.

Personal Representatives: We may disclose your PHI to a personal representative who has authority under applicable law to make health care decisions on your behalf.

Individuals Involved in Your Care or Payment for Your Care and Notification: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you designate information that directly relates to that person's involvement in your health care. We also may give information to someone who helps pay for your care. We may share PHI with these people to notify them about your location and general condition. Finally, we may disclose PHI about you to disaster relief agencies, such as the Red Cross, so that your family can be notified about your condition, status, and location.

We May Make The Following Uses and Disclosures Without Your Authorization

When Required By Law: We will use and disclose your PHI when we are required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose your PHI to prevent a serious threat to your health and safety or the health and safety of others.

For Organ and Tissue Donation: We may disclose your PHI to a designated organ donor program as required or permitted by law.

For Specific Government Functions: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. If you are a member of the armed forces, we may release your information as required to your military command authorities.

For Legal Proceedings: We may disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone involved in a dispute, but only after efforts have been made to tell you about the request or to obtain an order protecting the PHI requested.

For Law Enforcement: We may use or disclose your PHI for law enforcement purposes, such as legal processes, limited information requests for identification and location purposes, information pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, and a crime occurring on our premises.

For Health Oversight: We may disclose PHI about you to a state or federal health oversight agency that is authorized by law to oversee our operations. These activities are necessary for the government to monitor our health care system, government programs, and compliance with civil rights laws.

To Coroners, Medical Examiners, and Funeral Directors: We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We also may release PHI to funeral directors as necessary for them to carry out their duties.

For Workers' Compensation: We may disclose your PHI as permitted by workers' compensation laws and other similar programs.

For Public Health: We will disclose PHI to public health authorities for public health activities, investigations, or interventions as required by law. Public health activities generally include: reporting births and deaths, birth defects, children at risk, and child abuse or neglect; preventing or controlling disease, injury, or disability; notifying people of recalls of medical products they may be using; notifying a person who may have been exposed to a disease; reporting reactions to medications or problems with products; and notifying the appropriate government authority if we believe a patient has been the victim of abuse or neglect.

Other Uses and Disclosures of Your PHI: Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will stop any use or disclosure of PHI previously permitted by your written authorization. We are unable to "take back" any disclosures we have already made with your permission. We generally will not sell your PHI, use or disclose your PHI for marketing, or use or disclose any PHI contained in psychotherapy notes without your authorization.

Your Rights Regarding Your PHI:

You have the right to request restrictions on how we use and disclose your PHI for treatment, payment, or health care operations. *We, however, are not required to agree to your request except as indicated below.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, your request must be in writing and must describe the information you wish restricted; whether you are requesting to limit our uses, disclosures, or both; and to whom you want the limitation to apply.

You have a right to request, and we are required to agree to, a restriction on the information disclosed to your health plan if you make arrangements to pay for the related services in full prior to receiving the services. Please notify our Registration staff.

You have the right to request confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may ask you for information as to how payment will be handled or to specify an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please notify our Registration staff.

You have the right to inspect and obtain a paper or electronic copy your PHI that we use to make decisions about you for as long as we maintain the PHI. There are a few exceptions. If we deny your request to inspect your PHI, we will give you reasons in writing for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed. You may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous, and specific with complete name and mailing address or other identifying information.

You have the right to request an amendment if you feel the PHI we have about you is incorrect or incomplete. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal and will provide you with a copy of such rebuttal.

You have the right to find out what disclosures we have made about you, to whom, and why. This only applies to disclosures made for reasons other than treatment, payment, or our health care operations. It also excludes disclosures we made to you or as authorized by you, to family members or friends involved in your care, for notification purposes, or as required by law. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to a paper copy of this Notice. You are entitled to receive a paper copy of our Notice even if you have agreed to accept this Notice electronically. You may ask us to give you a copy of this Notice at any time.

You have the right to file a complaint. If you believe your privacy rights regarding your PHI may have been violated, you may file a complaint. *You will not be penalized for filing a complaint.*

For additional information about our privacy practices, please contact our office.