

Notice of Privacy Practice

Effective date: 04/14/2003

Personal information about you and your health is private and is protected by law. The Federal Health Insurance Portability and Accountability Act (HIPAA), which became effective April 14th, 2003, sets forth standards and regulations for health care providers regarding the privacy and security of protected health information.

This Notice describes the practices of Hawaii Sports Chiropractic. It describes how information about you and your health care may be used and disclosed by your caregivers and explains your right to access this information. Hawaii Sports Chiropractic is committed to making every reasonable effort to safeguard the privacy of your personally identifiable health information.

As required by HIPAA, a copy of this NOTICE had been provided to you and a dated and witnessed acknowledgement of receipt placed in your medical file. We are required to provide this notice to you once, and it will then apply to all subsequent use and disclosure of protected health information. It does not apply to health care services rendered before the effective date. A copy of this NOTICE is displayed in the public area of the office. You should have the right to request an additional written copy at any time.

If you have any questions regarding this NOTICE or complaints about the privacy of your protected health information, please address them in writing to:

Privacy Officer
Hawaii Sports Chiropractic

We reserve the right to change this NOTICE

What is Protected Health Information?

HIPAA defines Protected Health Information (PHI) as information in any form (written, oral, or electronic) relating to the physical or mental health or condition of an individual that is created, received, maintained or transmitted by a healthcare provider and that could be reasonably used to identify the individual. Information created, collected or transmitted before the effective date is not protected. Information that has been “de-identified”, meaning it has had all identifying markers removed, is not protected by law.

To whom this NOTICE applies:

This notice describes the privacy practices of Hawaii Sports Chiropractic. The provisions of this NOTICE apply to all information we collect about you – including but not limited to, your written record of care, verbal communications from or about you and financial records relating to payment for health care services. The regulations apply when you are receiving any inpatient, or home care service from us.

How we may use and disclose your protected information:

Health care providers may use and disclose protected health information (PHI) without authorization for the purposes of treatment, payment and health care operation. Details of these purposes and examples are given below.

TREATMENT: We may use and disclose your medical information to provide treatment and render services. For example, we may share information about you among members of our staff as needed to provide quality care. We may disclose medical information to others, such as physicians, who may be involved in your care through consultation or referral, or when requesting testing services from agencies such as laboratories, pharmacies and imaging centers.

PAYMENT: We may use and disclose your medical information for the purpose of billing and obtaining payment for services received from Hawaii Sports Chiropractic. For example, we may need to share information with your health insurance plan to determine coverage benefits or to make claim for payment.

HEALTH CARE OPERATIONS: We may use and disclose medical information in order to manage our organization and to evaluate our quality of care. For example, we may mail appointment reminders or information about test results. We may leave verbal or electronic messages for you to contact us. We may mail you notices about treatment alternatives, health-related benefits and services that may be of interest to you and fundraising activities. We may combine medical information from many patients for educational purposes and we may audit medical records to collect statistics on utilization of specific services or to decide whether specific services are effective or necessary.

In addition, we may disclose PHI for variety of other purposes. In most instances, we are required to limit disclosure to information relevant or necessary to the purpose. When using or disclosing PHI for any of the purposes listed below, we will endeavor to comply with all applicable federal, state or local laws.

The patient or patient's representative:

We may disclose PHI to the patient or the patients designated personal representative.

Individuals involved in the patient's care:

We may disclose PHI to the patient or the assisting with a patient's care or is responsible for payment for a patient's care.

Notification purposes:

We may disclose PHI to notify, or assist to notify, a designated family member, personal representative, or person responsible for patient's care regarding a patient's location, general condition or death.

Disclosure required by law:

We may disclose PHI when required by federal, state or local law. Examples include mandatory reporting requirements for births and deaths, child abuse and neglect, domestic violence, disease prevention and control, vaccine-related injury, medical device related death and serious injury, gunshot and other injury by a deadly weapon or criminal act, driving impairment and blood alcohol and drug screening.

Other public health activities:

In limited situation, we may disclose PHI to voluntary assist other public health activities. These include, but are not limited to, adverse event reports regarding drugs and medical devices, assistance with medical product recalls repairs and replacements, and notification to a person who could have been exposed to a communicable disease or condition in situations where we are authorized by law to make the notification as part of a public health intervention or investigation.

Health oversight activities:

We may disclose PHI to a health oversight agency for activities authorized authorized by law. examples include audits, inspections, investigations, licensure and legal proceeding.

Judicial and administrative proceedings:

We may disclose PHI in response to a courts order or legally binging subpoena.

Law enforcement purposes:

We may disclose PHI for law enforcement purposes when required by law or with the patient's permission.

Coroners and medical examiners:

We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased patient, determine a cause of death, or facilitating performance of other duties required by law.

Funeral directors:

We may disclose PHI to funeral directors as necessary to perform their duties.

Organ and tissue donors:

We may disclose PHI for the purpose of facilitating organ or tissue donation and transplantation.

Military personnel and veterans:

In certain circumstances, we may disclose PHI at the request of military command authorities.

National security and intelligence:

In certain circumstances, we may disclose PHI to federal officials for the conduct of legally authorized intelligence, counterintelligence, national security activities, or protective services to the President and others.

Law enforcement and correctional agencies:

We may disclose PHI to a correctional institution or law enforcement official for purposes such as health care, safety, or security.

Workman's compensation:

We may disclose PHI to the extent necessary to comply with worker's compensation or similar programs established by law to provide benefits for work-related injuries or illness.

Business associates:

We may disclose PHI to business associates such as law firms or health information clearinghouses that perform certain functions for our organization. We are required to have a written privacy agreement with business associates that receive PHI.

In situations other than those listed above, Hawaii Sports Chiropractic will obtain written authorization to use or disclose protected health information. No PHI will be used or disclosed for any purposes not specifically allowed by HIPPA unless prior authorization is obtained. Authorization may be revoked at any time except to the extent we may have relied upon it during the time it was in effect.

YOU'RE PRIVACY RIGHTS:

The law gives you certain specific rights with regard to your PHI. These guarantees may compliment, expand or clarify provisions of our Patient Bill of Rights.

<p>Right to inspect and copy: In most cases, you have the right to inspect or obtain a copy of your medical and billing records. We require a written request for copies. Copies will be provided within 30 days of receipt of request. We have the right to charge a fee for this service. Inspection of records will be scheduled at our convenience during regular business hours.</p>	<p>Right to request restrictions: You have the right to request restrictions on the use and disclosure of you PHI for the allowed purposes listed above. We are not required to agree to restrict use and disclosure for those purposes. If we do agree, we will honor your restrictions unless information is needed for emergency medical treatment. To ask for a restriction, submit a written request to the Privacy Officer specifying information to be restricted and how it is to be restricted.</p>
<p>Right to request amendment: If you believe that protected health information maintained by this practice is incorrect or incomplete, you may request that we make changes to the record. If you wish to make an amendment, you must submit a written request to the Privacy Office that specifies the desired change(s) and provides a supporting reason. We will respond to requests to amend within 30 days. We may deny the request for an amendment if the information was not created by this practice, was created by an individual no long employed by the practice, or if the information is accurate and complete.</p>	<p>Right to confidential communication: You have the right to request that we communicate with you in a specific way, by a specific means or at a specific location concerning your PHI. For example, you can request that we contact you only at work or through the mail. You are not required to provide an explanation for your request. We will accommodate all reasonable requests, but are not required to honor unreasonable requests. If you want confidential communication, submit a dated request with the details of how and where you want to be contacted.</p>
<p>Right to an accounting of disclosure: You have the right to ask for an "accounting of disclosures." This is a description of dates, information, recipients, and purposes of disclosures of you PHI made after the effective date for any reason other than the allowed purposes listed in the section above. We may charge a fee for this service.</p>	<p>Right to obtain a paper copy of this notice: You have the right to a paper copy of this Notice. You may obtain an additional copy in our office during normal business hours.</p>

How to file a complaint:

It is our policy to address and respond to all complaints regarding the privacy and security of protected health information. If you believe your privacy rights have been violated, pleased submit your complaint to the Privacy Officer at the address listed on the front of this Notice. You may also submit a complaint to the Office of Health and Human Services. Hawaii Sports Chiropractic will not retaliate against patients who file a complaint.