

The Medical Corner

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU WILL BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Date of Notice – Effective Date: April 14, 2003

Uses and Disclosures

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professional who may provide treatment or who may be consulted by staff members. During the course of your treatment, the provider determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist to obtain his/her input. Another example would be that the staff members obtains treatment information about you and records it in a health record.

Payment: Your health information may be used to seek payment from your health plan, employer, from other sources of coverage such as your automobile insurer or employer's workers compensation carrier, from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated. If medical care information is requested by your health insurance carrier or carrier responsible for payment, i.e. employer, workers compensation carrier etc. We will provide information to them about you and the care given.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of The Medical Corner. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Law Enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandates reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

Appointment reminders: Your health information will be used by our staff to send you appointment reminders.

Information about treatments: Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Fund Raising: Unless you request us not to, we will use your name and address to support our fund-raising efforts. If you do not want to participate in fund-raising efforts, please indicate on your authorization form.

Newsletter: Unless you request us not to, we will use your name and address to send a flyer or newsletter when available. If you do not wish to receive this information, please check off the box on the authorization form.

Communication with Family: Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Notification: Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Disaster Relief: We may use and disclose your protected health information to assist in disaster relief efforts.

Organ Procurement Organizations: Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or to the entities engaged in the procurement, banking, or transplantations of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA): We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation: If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health: As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reaction to medications or problems with products to notify people of recalls; to notify a person with may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Abuse and Neglect: We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

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

Corrections Institutions: If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

Health Oversight: Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceedings as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat: To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person of the public.

For Specialized Governmental Functions: We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

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

Other Uses: Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights and Requests to Inspect Protected Health Information."

Website: If we maintain a website that provides information about our entity, this Notice will be on the website.

Your Health Information Rights and Requests to Inspect Protected Health Information

The health and billing records we maintain are the physical property of The Medical Corner. The information in it, however, belongs to you. You have certain rights under the federal privacy standards. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office – we are not required to grant the request, but will comply with any request granted
- Obtain a paper copy of the current Notice of Privacy for Protected Health Information ("Notice") by making a request at our office
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request to our office
- Appeal a denial of access to your protected health information, except in certain circumstances
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to office in writing. We may deny your request if you ask us to amend information that
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment

- Is not part of the health information kept by or for the office
- 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;

- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or , uses or disclosures to notify family or to others responsible for your care of your location, condition, or your death
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken

If you want to exercise any of the above rights, please contact:

Name: Robert Sussman, MD
 Address: P O Box 860687
 Wahiawa, HI 96786
 Phone: (808) 266-3900

You will then be informed of the steps that need to be taken to exercise your rights.

Our Responsibility

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

We are required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we cannot accommodate a requested restriction or request, and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

Right to Revise Privacy Practices

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. These changes in our policies and practices may be required by changes in federal and state laws and regulations. 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 office and picking up a copy. The revised policies and practices will be applied to all protected health information we maintain.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Robert Sussman, MD, Medical Director, (808) 266-3900.

Additionally, if you believe that your privacy rights have been violated, you may call the matter to our attention by sending a letter describing the cause of your concern to the same address above. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you may contact for further information concerning our privacy practices is:

Name: Robert Sussman, MD
 Address: The Medical Corner
 P O Box 860687
 Wahiawa, HI 96786
 Phone: (808) 266-3900