



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED BY KE OLA MAMO AND HOW TO ACCESS THIS INFORMATION

Effective Date Of This Notice: September 09, 2021

PLEASE REVIEW THIS NOTICE CAREFULLY

If you have any questions about this notice, please contact our Chief Financial Officer, Wen Ho, who may be reached at 680 Iwilei Road, Room 500, Honolulu HI 96817, (808) 848-8000 and who@keolamamo.org.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that health information about you and your healthcare is personal. We are committed to protecting health information about you. We will create a record of the care and services you receive from us. This Notice applies to all of the health information we generate or receive about you, whether we documented the health information, or another provider forwarded it to us. This Notice will tell you the ways in which we may use or disclose health information about you. This Notice also describes your rights to the health information we keep about you, and describes certain obligations we have regarding the use and disclosure of your health information.

Our pledge regarding your health information is backed-up by Federal law. The privacy and security provisions of the Health Insurance Portability and Accountability Act ("HIPAA") require us to keep private health information that identifies you in accordance with applicable law; to notify you of our legal duties and privacy practices with respect to health information about you; and to follow our Notice of Privacy Practices currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use or disclose health information about you. Unless otherwise noted, each of these uses and disclosures may be made without your permission. For each category of use or disclosure, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, unless we ask for a separate authorization, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use health information about you to provide you healthcare treatment and services. We may disclose health information about you to doctors, nurses, technicians, health students, volunteers or other personnel who are involved in taking care of you. For example, a doctor treating you at another facility may need to know if you have diabetes or other conditions. We may provide that information to a doctor treating you at another facility.



NOTICE OF PRIVACY PRACTICES

For Payment: We may use and disclose health information about you so that the services you receive from us may be billed to and payment collected from you, an insurance Ke Ola Mamo, a state Medicaid agency or another third party. For example, we may need to give your health insurer or Medicare or QUEST information about your office visit so we can be paid for our care or receive prior approval for your care, to assist in payment for your treatment.

For Healthcare Operations: We may use and disclose health information about you for our healthcare operations, as appropriate to run our practice and make sure that our patients receive quality care. For example, we may use health information to review our treatment and services, for quality and utilization purposes, to obtain legal advice and or evaluate the performance of our staff in caring for you.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have or need an appointment, such as contacting you by phone, letter or email based on the contact information you provide us. Please let us know in writing if you do not want us to contact you about appointments, or if you want an alternate phone number used.

Research. We may want to use and disclose health information about you for research purposes, for example, comparing the effectiveness of one medication over another. If any research project uses your health information, we will either obtain an authorization directly from you or ask an Institutional Review or Privacy Board to waive the authorization requirement, based on assurances that the researchers will adequately protect your health information.

As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law, such as in compliance with a court order requiring us to do so.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, such as if you threaten violence to a family member, we may report to the police to protect the family member, in accordance with law.

Specialized Government Functions. If you are a member of the armed forces or are separated or discharged from military services, we may release health information about you as required by military command authorities or Veterans Affairs. We may release information for national security, intelligence activities, foreign military authority requirements, and protective services for the President and others to the extent authorized by law.

Workers' Compensation. We may release health information for workers' compensation or other programs for work-related injuries or illness, if you have a work-related injury.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits,



NOTICE OF PRIVACY PRACTICES

investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Public Health Activities. We may disclose health information about you for public health activities. For example, these activities include to prevent or control disease; to report births, deaths, child or vulnerable adult abuse or neglect, domestic violence or other violent injuries, reactions to medications or product injuries or recalls; and for organ donation.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to an order issued by a court or administrative tribunal; or pursuant to a legally authorized request, such as a subpoena, discovery request, or other lawful process, so long as the person requesting the information has complied with HIPAA requirements to notify you and provide you a reasonable time for objections, or made reasonable efforts to obtain an order protecting the information requested.

Law Enforcement Purposes. We may release health information if asked to do so by a law enforcement official. For example, this may occur in response to a court order, subpoena, warrant, summons or similar process. Such releases of information will be made only after efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested, unless otherwise provided by law.

Coroners, Health Examiners and Funeral Directors. We may release health information to a coroner or health examiner, for example, if necessary, to identify a deceased person or determine the cause of death, or to funeral directors as necessary to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official, such as for the institution to provide you with healthcare, or protect your health and safety or the health and safety of others.

Marketing. Ke Ola Mamo will not use and disclose your PHI for marketing purposes without your authorization, except as permitted by law. For example, we may engage in face-to-face marketing of products or services for you or may provide you promotional gifts of nominal value.

Fundraising. We may use certain information (name, address, telephone number, dates of service, age, and gender) to contact you in the future to raise money for Ke Ola Mamo, but if we do this, we will provide you a way to opt out of such communications.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:



NOTICE OF PRIVACY PRACTICES

Right to Inspect and Copy: You have certain rights to inspect and copy health information that may be used to make decisions about your care (such as health and billing records), to the extent provided by law. This does not include psychotherapy notes or other records covered by a separate legal privilege or other legal protection. To inspect and copy health information, your request must be in writing on a form provided by or agreeable to us, and submitted to our Privacy Officer. We may charge a reasonable fee for the costs of locating, copying, mailing or other supplies and services associated with your request, in accordance with applicable law. For any electronic health records we maintain about you, you may request that we provide the information in paper format or electronic format. We may charge a reasonable fee for the cost of providing electronic information you request, not greater than our labor costs in responding to the request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may, in certain instances, request that the denial be reviewed. If we grant a review, we will choose a licensed healthcare professional to review your request and our denial. This reviewer will not be the person who denied your initial request. We will comply with the review outcome, in accordance with applicable law.

Right to Amend. If you believe health information we keep about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing on a form provided by us and submitted to our Privacy Officer. We may deny your request for an amendment if the information was not created by us, or if the person who created the information is no longer available to make the amendment, or if it is not part of the health information kept by or for our practice; or if it is not part of the information which you would be permitted to inspect and copy; or if our information is accurate and complete in our professional judgment. Any amendment we make to your health information will be disclosed to those to who need to know of the amendment, to the extent required by law.

Right to an Accounting of Disclosures. You have the right to request an accounting (a list) of any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations. For any electronic health records, we maintain about you, you may also request an accounting of uses and disclosures for treatment, payment, and health care operations subject to certain exceptions, restrictions, and limitations. To request this list of disclosures, your request must be in writing on a form that we will provide to you, and must be submitted to our Privacy Officer. Your request must state a time period that may not be longer than six years before the date of your request, and in the event you seek electronic information, this period may be shorter in accordance with applicable law. The first accounting of disclosures you request within a 12-month period will be free; we may charge you for the costs of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you an accounting of disclosures in paper form within 30 days of your request, or notify



NOTICE OF PRIVACY PRACTICES

you if we are unable to supply the accounting within that time period and by what date we can supply the accounting, not to exceed a total of 60 days from your request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations, or to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. While we may accommodate reasonable requests for restrictions, we are not required to do so, for example, if it is not feasible for us to ensure our compliance with law or we believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing on a form that we will provide or is agreeable to us, and submit the form to our Privacy Officer. In your request, you must tell us what information you want to limit and to whom you want the limits to apply. You also have the right to request a restriction or limitation on the health information we use or disclose to your health plan about the care or services you receive from us, so long as you pay for that care or those services fully, at the time the services are rendered, out of your own pocket; we are required to, and will, comply with such a request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. During our intake process, we will ask you how you wish to receive communications about your health care or for any other instructions on notifying you about your health information. We will accommodate all reasonable requests as required by the HIPAA's privacy rule.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice at any time upon request, even if you have previously agreed to receive an electronic copy of the Notice. You may also obtain a copy of this Notice at our website at www.keolamamo.org.

Minors and Persons with Guardians. Married minors have all the confidentiality rights outlined in this Notice. Unmarried minors, age 14 years and above, have all the confidentiality rights outlined in this Notice with respect to health care they obtain relating to treatment of venereal disease, pregnancy and family planning services and alcohol and drug abuse counseling. Minors aged 14 years and above who are without the support and control of a parent or guardian, also have all the rights outlined in this Notice with respect to primary care services they obtain. Except as noted above in this section, for unmarried minors and persons with a legal guardian, a parent or legal guardian generally has the right to access the medical record of the minor or ward and make certain decisions regarding the uses and disclosures of that information, in accord with applicable law.



NOTICE OF PRIVACY PRACTICES

Changes to This Notice. We reserve the right to change this Notice and to make the changed Notice effective for health information we already have about you as well as any information we receive in the future. If we make an important change to our privacy practices, we will promptly change this Notice and the new Notice will be posted at the facility and on our website. A paper or electronic copy of the revised Notice will be distributed to patients at our clinic and be available to you upon request.

Complaints. If you have a complaint about your privacy rights or our privacy and security practices or breach notification procedures, you may file a complaint with us (contact our Privacy Officer at the address above) or with the Secretary of the Department of Health and Human Services (contact the Office of Civil Rights at the Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington D.C. 20201). **You will not be penalized for filing a complaint.**

Other Uses of Health Information. Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. However, you should understand that we are unable to take back any disclosures we have already made, and that we are required to retain the records of the care that we provided to you.

I acknowledge receipt of a copy of this Notice of Privacy Policies from Ke Ola Mamo, effective September 09, 2021.

Signature of Patient
(or Personal Representative)

Date

Name of Patient
(Print)

Name of Personal Representative
(Print), if applicable