NOTICE OF PRIVACY PRACTICES
Effective Date: 12/1/14

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.

If you have any questions about this notice, please contact our Compliance Officer,
Teana Penn at (808) 380-2727
94-229 Waipahu Depot St., Suite 101
Waipahu, HI 96797
tpenn@EkahiHealth.com

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by

• ‘Ekahi Urgent Care and includes ‘Ekahi Urgent Care Waipahu and ‘Ekahi Urgent Care Kalihi
• Our employees, staff, allied health professionals, temporary agency personnel, contracted services personnel, volunteers, residents, postgraduate fellows, medical students, students of other health care professions or educational programs at our facilities, independent contractors, and other authorized workforce who may need to access your information.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive from ‘Ekahi Urgent Care. Your health information may include information created and received by ‘Ekahi Urgent Care, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose health information for the following purposes:

• Treatment. We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our organization may share information about you and disclose information to people who do not work for ‘Ekahi Urgent Care in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other
health care providers may be part of your medical care outside this office and may require information about you that we have. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.

**Payment.** We may use and disclose health information about you so that the treatment and services you receive at ‘Ekahi Urgent Care’ may be billed to and payment may be collected from you, an insurance company or a third party.

For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.

- **Health Care Operations.** We may use and disclose health information about you in order to run ‘Ekahi Urgent Care’ and make sure that you and our other patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

As part of our healthcare operations, we coordinate with a health system called ‘Ekahi Health System’ and other health care providers in the community to better coordinate care, improve the quality of your health care services, and reduce health care costs. We may share your protected health information with ‘Ekahi Health System’ and other health care providers in the accountable care network for these purposes.

- **Business Associates:** We [may] contract with a number of business associates for the purchase of services and to assist us in providing treatment, payment, and health care operations. For these business associates, we may disclose your protected health information to the extent necessary for the business associates to perform their jobs and functions as contracted and as we request. To protect your protected health information, the business associates must agree to safeguard the protected health information disclosed to them.

**SPECIAL SITUATIONS**

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- **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.

- **Abuse or neglect.** By law, we may disclose protected health information to the appropriate authority to report suspected child abuse or neglect or to identify suspected victims of abuse, neglect, or domestic violence.

- **Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
• **Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

• **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

• **Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

• **Disclosures to your employer or your employee organization.** If you are enrolled in a health plan through your employer or employee organization, we may share certain protected health information with them without your authorization, but only when allowed by law. For example, we may disclose your protected health information for a workers’ compensation claim or to determine whether you are enrolled in the health plan or whether premiums have been paid on your behalf. For other purposes, such as for inquiries by your employer or employee organization on your behalf, we will obtain your authorization when necessary under applicable law.

• **Workers’ Compensation.** We may release health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

• **Public Health Risks.** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

• **Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

• **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

• **Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

• **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.

• **Inmates.** Under the federal law that requires this notice, inmates do not have the same rights to control their protected health information as other individuals. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or the law enforcement official for certain purposes. For example, we may disclose your protected health information to protect your health or safety or the health and safety of another person.

• **Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
• **Disclosures to parents as personal representatives of minors.** In most situations, we may disclose your minor child's protected health information to you. In some situations, however, we are permitted or even required by law to deny your access to your minor child's protected health information. For example, we may deny such access in certain situations involving family planning services, sexually transmitted diseases, HIV, ARC or AIDS, and alcohol or substance abuse treatment.

• **Family and Friends.** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room or the hospital during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person’s involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

• **Electronic Health Records and Health Information Exchanges.** *Ekahi Urgent Care* keeps records of your visits. Some of these records are in paper form, but most of your records are in an electronic form known as electronic health records. We share your records, and the health information they contain, electronically among our own facilities. For example, if you go to one of our locations for an urgent care matter, then that location’s physicians would be able to access your health information to help make treatment decisions for you.

We may also share your health information electronically with other organizations through a Health Information Exchange (HIE) network. Sharing information electronically is a faster way to get health information to other organizations that may be treating you, such as hospitals, laboratories, health care providers, public health departments, health plans, and other participants. All HIE participants are required to meet rules that protect the privacy and security of your health and personal information. At any time, you can choose not to have your information electronically shared through any of our HIE networks if you advise us in writing.

**OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. Examples of disclosures requiring your authorization include disclosures to your partner, your spouse, your children and your legal counsel.

We also will not use or disclose your health information for the following purposes without your specific, written Authorization:

• **For our marketing purposes.** This does not including face-to-face communication about products or services that may be of benefit to you and about prescriptions you are taking.

• **For the purpose of selling your health information.**

• **Any disclosure of your psychotherapy notes.** These are the notes that your behavioral health provider maintains that record your conversations with your provider or group counseling session. These
If you give 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 information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as HIV, substance abuse, mental health, and genetic testing information for purposes such as treatment, payment and healthcare operations.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

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

• **Right to Inspect and Copy.** You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to the Compliance Officer in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. 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. A modified request may include requesting a summary of your medical record.

If you request to view a copy of your health information, we will not charge you for inspecting your health information. If you wish to inspect your health information, please submit your request in writing to our Compliance Officer. You have the right to request a copy of your health information in electronic form if we store your health information electronically.

We may deny your request to inspect and/or copy your record or parts of your record in certain limited circumstances. If you are denied copies of or access to, health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

• **Right to Amend.** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information was created and kept by ’Ekahi Urgent Care.

To request an amendment, complete and submit a medical record amendment/correction form to the Compliance Officer. We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny or partially deny your request if you ask us to amend information that:
• We did not create, unless the person or entity that created the information is no longer available to make the amendment

• Is not part of the health information that we keep

• You would not be permitted to inspect and copy

• Is accurate and complete

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your medical record. Your rebuttal needs to be three pages in length or less and we have the right to file a rebuttal responding to yours in your medical record. You also have the right to request that all documents associated with the amendment request (including rebuttal) be transmitted to any other party any time that portion of the medical record is disclosed.

• **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement.

To obtain this list, you must submit your request in writing to the Compliance Officer. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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.

• **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. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information.

*We are required to agree to your request* if you pay for treatment, services, supplies and prescriptions “out of pocket” and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law.

To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information to our Compliance Officer.

• **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the Request for Restriction On Use/Disclosure Of Medical Information and/or Confidential Communication to our Compliance Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

• **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you
are still entitled to a paper copy. You may also find a copy of this Notice on our web site. To obtain such a paper copy, contact the receptionist.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice at our location(s) with its effective date on the first page. You are entitled to a copy of the notice currently in effect.

We will inform you of any significant changes to this Notice. This may be through our newsletter, a sign prominently posted at our location(s), a notice posted on our web site or other means of communication.

**BREACH OF HEALTH INFORMATION**

We will inform you if there is a breach of your unsecured health information.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services at:

Office for Civil Rights, Michael Leoz, Regional Manager, 90 7th Street, Suite 4-100, San Francisco, CA 94103
Voice Phone (800) 368-1019, FAX (415) 437-8329, TDD (800) 537-7697

To file a complaint with 'Ekahi Urgent Care contact Teana Penn, Office Manager, (808) 380-2727. You will not be penalized for filing a complaint.