



HIPAA Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. This notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). This notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

If you have any questions about this notice, please contact LP's Privacy Officer at 808-356-8567. (Effective Date: 4.26.2016)

Our Obligations

Lanakila Pacific (LP) is required by law to maintain the privacy of protected health information, give you this notice of legal duties and privacy practices regarding health information about you, and to follow the terms of our notice that is currently in effect.

How we may use and disclose health information

The following describes the ways LP may use and disclose health information. Except for the purposes described below, LP may disclose health information only with your written permission. You may revoke any such permission at any time by writing to LP's Privacy Officer.

For Treatment. LP may use and disclose health information for your treatment and to provide you with treatment related health care services. For example LP may disclose health information to other LP personnel or people outside of our office who are involved in your care and need the information to coordinate and provide the different services you need.

For Payment. LP may use and disclose health information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information about you so they will pay for your treatment.

For Health Care Operations. LP may use and disclose health information for health care operations purposes. These uses and disclosures are necessary to manage the operation and to monitor your quality of care. For example, LP may use personal health information to evaluate our agency's services, including the performance of our staff. We may also use personal health information for training purposes or to develop new policies & procedures, or programs that may benefit you or other individuals we support. Your medical information may be shared with survey interviewers and other accreditation bodies in accordance with current and on-going operating procedures.

Appointment Reminders, Treatment Alternatives, and Health Related Benefits & Services. LP may use and disclose health information to contact you to remind you that you have an appointment with us. We may also use and disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in your Care or Payment for your Care. When appropriate, LP may share health information with a person who is involved in your medical care or payment for your care, such as your family or caregiver. If you are able and available to agree or object, we will give you the opportunity to do so prior to making this notification. If you are unable or unavailable to agree or object, we will use our best judgment in communication with your family and others.

Special Situations:

As required by law. LP will disclose health information when required to do so by international, federal, state, or local law.

Business Associates. LP may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services.

Workers Compensation. LP may release health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. LP may disclose health information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; notify people of recalls of products they may be using; reporting disease or infection exposure; and the appropriate government authority if we believe a person has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. LP may use or disclose health information to a health oversight agency for activities authorized by law. These include audits, investigations, inspections, and licensure.

Data Breach Notification Purposes. LP may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose health information in response to a court or administrative order. We may also disclose in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. LP may release health information if asked by a law enforcement office if the information is in response to a court order, subpoena, warrant summons, or similar process; limited to information to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; in an emergency to report a crime, the location of crime or victims, or the identify or location of the person who committed the crime.

Deceased person information. LP may disclose your health information to coroners, medical examiners and funeral directors.

Specialized government functions. LP may disclose your health information for military, national security, and prisoner purposes.

Your Rights:

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written notification. If you do give LP authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose protected health information under the authorization. Disclosure that we made in reliance on your authorize before you revoked it will not be affected by the revocation.

Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care or payment for your care. You may make your request in writing and we have up to 30 days to make your protected health information available to you and we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

Right to an Electronic Copy of Electronic Medical Records. If your protected health information is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. LP will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured protected health information.

Right to Amend. If you feel that the health information that we have is incorrect or incomplete, you may ask us to amend the information.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment and health care operations or for which you provided written authorization.

Right to Request Restrictions. You have the right to request a restriction or limitation of the health information we use or disclose for treatment, payment, or health care operations. You may also have the right to request a limit on the information we disclose to someone involved in your care or the payment of your care like a family member or caregiver. We are not required to agree with your request unless you are asking us to restrict the use and disclosure of your health information to health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out of pocket" in full.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health information matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will accommodate reasonable requests.

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.

Changes to this Notice:

LP has the right to change this notice and make the new notice apply to the health information we already have as well as any information we receive in the future.

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 & Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint. To file a complaint with our office, contact:

LP Privacy Officer
1809 Bachelot Street
Honolulu, HI 96817

PrivacyInfo@lanakilapacific.org
808-356-8567



Lanakila Pacific
HIPAA Notice of Privacy Practices
Acknowledgement Form

Federal regulations require that we give our HIPAA Notice of Privacy Practices before signing this acknowledgement.

If you have any questions about your rights or privacy practices, please contact:

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Honolulu, HI 96817

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808-356-8567

By signing this form, you are only acknowledging that you have been provided our Notice.

Signature or Authorized Representative Signature

Date

Print Name/Authorized Representative Name