

ENCHANTED LAKE PHYSICAL THERAPY

Notice of Privacy Practices

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.

UNDERSTANDING THE TYPE OF INFORMATION WE HAVE

We receive information about you during your first visit with us, including your name, date of birth, gender, ways to contact you, financial information, insurance information, and other personal information. We also collect information from you; we also get enrollment and eligibility status from your health insurer and medical information from other health care providers.

OUR PRIVACY COMMITMENT TO YOU

The information we collect about you is private. We are required to give you an idea of our privacy practices. Only those individuals who have both the need and the legal right may view your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations, and when we are required by law to do so, or for one of the other reasons listed below.

- **Treatment:** We may use or disclose medical information about you to provide and coordinate your health care. For example, after your initial appointment and at discharge, we will send a letter to your referring physician regarding your treatment. Additional progress notes may be sent to your physician throughout your care.
- **Payment:** Information may be disclosed so that the care you receive can be properly billed and paid for. For example, we send your health insurer a bill for our services explaining the treatment you received and why.
- **Business Operations:** We may need to use and disclose information in our business operations. For example, in order to improve the activity necessary to run the business (training or for reviewing the quality of care that you and others receive from us).
- **Exceptions:** For certain kinds of records, your permission may be required, even for the release of treatment, payment, and business operations. We will provide you with authorization and consent forms for your signature in order for us to release certain information.
- **Phone Messages:** We may contact you and those you list as authorized person(s) on the PHI form via phone, voicemail, or mail to discuss scheduling, authorization, referral and billing information, and information regarding other services that may be of interest to you.
- **As required by law and for other Government Functions:** We will release information when required to do so by law or for other government functions. Examples of such releases would be for law enforcement, subpoenas, or other court orders, for national security purposes, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.
- **Public Health and Safety:** We may use or disclose information about you as necessary to prevent or reduce a serious threat to the health or safety of another person or the public. For example, we will have to disclose information about certain diseases (and immunizations) to public health offices.
- **Family and Friends:** We may disclose your information to those you list as authorized person(s) on the PHI to the extent relevant to their involvement with your care, payment, and if necessary whereabouts and your condition.
- **After Death:** We may disclose your information to coroners or medical examiners and funeral homes after you are deceased.
- **With Your Permission:** If you provide us permission in writing, we may use and disclose your personal information for the purposes you list. If you give us permission, you have the right to change your mind and revoke it, but this must be in writing. We cannot take back any uses or disclosures already made with your permission.

Our use and disclosure of your personal health information must comply not only with federal privacy regulations, but also with applicable Hawaii State law. Hawaii State law provides different protection to your personal health information. For example, Hawaii provides extra protection for minors; we must adhere to the more stringent state privacy protection.

PATIENT RIGHTS

You have the following rights regarding the health information we have about you. We are committed to ensuring that you receive information regarding your rights as a patient here at Enchanted Lake Physical Therapy.

- Your Right to Inspect and Copy: In most cases, you have the right to look at or receive copies of your medical records upon signing a Medical Record Release form, and in some cases paying a fee if we need to retrieve such records from storage. Please call ahead to ensure that we have your records available for you.
- Your Right to Amend: You may request us to modify your records if you feel the records are not correct. We may deny your request, but we must provide in writing to you the reason for our denial.
- Your Right to a List of Disclosures: You have the right to ask for a list of certain disclosures. This list will include the times that information was disclosed for treatment, payment, or health care operations. The list will include information provided directly to you, those you list as authorized person(s) on the PHI form, or information that was sent with your permission. It will include information released without your name or other dates of service that would identify you.
- Your Right to Request Restrictions on Our Use or Disclosure of Information: You can ask for limits on how your information is used or disclosed. We are not required to agree to such a request, but may if we believe it is reasonable to do so.
- Your Right to Request Confidential Communications: You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your college address instead of your home address, or you may ask that we treat you in a room other than the main treatment area. We will do our best to accommodate such a request.

CHANGE IN THIS NOTICE

We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you, as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. If the changes are material, a new notice with us will be posted.

HOW TO USE THESE RIGHTS UNDER THIS NOTICE

If you want to exercise your rights under this notice or have any questions regarding our privacy issues, you may call or write to us at:

Enchanted Lake Physical Therapy
Keolu Shopping Center
1090 Keolu Dr., Suite 104
Kailua, HI 96734

If you believe that your privacy rights have been violated, or you wish to express your concerns regarding non-compliance with our privacy policies and procedures; you may file a complaint by writing to the above address. We will require a written complaint, and may further provide you with an official complaint form that you would need to fill out for our records. You will not be penalized for filing a complaint.

ADDITIONAL INFORMATION

HIPAA is the Health Insurance Portability and Accountability Act of 1996. You may further research the policies and guidelines of HIPAA via the internet.

A copy of this Notice of Privacy Policies will be posted at our office. You will need to read and acknowledge (via signature) that you have read these privacy policies and procedures.

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ACKNOWLEDGEMENT OF RECEIPT

**I acknowledge that I have read and understand Enchanted Lake Physical Therapy's Notice of Privacy Practices.
I acknowledge that I have the right to receive a copy of Enchanted Lake Physical Therapy's Notice of Privacy Practices.**

Printed Name of Patient (and Legal Representative)

Relationship to Patient

Signature of Patient (or Legal Representative)

Date