



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

When this Notice refers to “we” or “us” it is referring to CLAUDIA A. CHRISTMAN, MD & Staff

This Notice describes how we will use and disclose your health information. The policies outlined in this Notice apply to all of your health information generated by this office, whether recorded in your medical record, invoices, payment forms, or other medical documents. Similarly, these policies apply to the health information gathered from other physicians.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

1. In some circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:

a. Uses or disclosures for purposes relating to treatment, payment and health care operations:

I. Treatment: We may use or disclose your health information for the purpose of providing or allowing others to provide treatment to you. An example would be, if your primary care physician discloses your health information to another health care provider for purpose of consultation or treatment.

II. Payment: We may use and/or disclose your health information for the purpose of allowing us, as well as other health care providers, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to obtain payment for medical services, e.g. labs, X-rays, medications, hospitalization, medical supplies.

III. Health Care Operations: We may use and/or disclose your information for the purposes of health care operations. For example, health insurance companies routinely perform chart reviews to assure that their clients are receiving quality care from health care providers. Federal compliance programs have the right to review your chart to ensure that we are complying with federal guidelines.

b. Mandatory disclosure:

- I. When required by law.
- II. For public health safety, e.g. communicable diseases.
- III. For information regarding abuse, neglect, violence.
- IV. For health oversight activities, e.g. audits, investigations (civil, administrative, criminal, etc.)
- V. Judicial or administrative proceedings.
- VI. For law enforcement purposes.
- VII. To assist coroners, medical examiners or funeral directors with their official duties.
- VIII. To facilitate organ, tissue, eye donations.
- IX. For research projects that have been evaluated and approved through a research approval process that does not use any identifying data, e.g. name, SSN, etc.
- X. To avert threat to health or safety, e.g., threat against another person verbalized to this office.
- XI. For governmental functions such as military, national security, national intelligence, etc.

Except as for described above, disclosures of your health information will be made only with your written authorization at any time in writing, unless we have taken action in reliance upon prior authorization.

YOUR RIGHTS

1. **To Request Restrictions:** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. Each request will be reviewed by your physician and may be denied if it is unreasonable or interferes with providing your health care. If we do agree to a restriction, we will abide by the restriction except when you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. You will be contacted if your request is denied. To request a restriction, contact the Privacy Officer at the end of this notice to obtain the correct forms.
2. **To Limit Communication:** You have the right to receive confidential communications about your own health information by alternative means (mail vs. telephone) or at alternative locations (home vs. work, etc). For example, you can request all communication to be via mail for all phone calls to go to your work place and not your home. When this office leaves messages on your answering machine, we do not give out medical information. If we contact you, we will leave a message for you to come into the office for a follow-up appointment to receive your information/review the results of tests. To request the form to limit communication by alternative means, please contact the privacy officer listed at the end of this notice.
3. **To Access and Copy Health information:** You have the right to review and copy health information about you. However, there is no right of access to: 1) Psychotherapy notes. 2) Information compiled in reasonable anticipation of civil, criminal, or administrative action. 3) Information that may cause substantial harm to yourself, or any other individual. 4) Information that was obtained under the promise of confidentiality to the source. All charts must be reviewed in our office and under supervision at all times. To request to review or make copies of your charts, please contact the privacy officer listed at the end of this notice. There will be a waiting period as your physician will need to review your chart for the restricted information listed above before you may review it. An appointment must be scheduled **as** one of our employees must be present while you review your chart. There is a charge for copying expenses. You may contact the receptionist for the fees.
4. **To Request Amendment to Health Information:** After reviewing your health information, you may wish to amend part of your records. e.g., add information to your chart. If you wish to do so, contact the Privacy Officer listed at the end of this notice.
5. **To an Accounting of Disclosures:** You have the right to an accounting of all disclosures made during the six- year period, preceding the date of your request. Contact the privacy officer for more information.
6. **EXCEPTION:** Rights do not apply to an inmate in a correctional facility.

OUR DUTIES

1. We are required by law to maintain the privacy of your health information and to provide you with this **Notice** of our legal duties and privacy practices.
2. We are required to abide by the terms of this **Notice**. We reserve the right to change the terms of this **Notice** at any time. Any changes made will be posted on the copy in our waiting room. You may obtain an updated copy upon request.

COMPLAINTS

You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, if you feel that your privacy protection rights have been violated. To file a complaint, please ask to speak with the Privacy Officer.

DESIGNATED CONTACT /PRIVACY OFFICER

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