



NOTICE OF PRIVACY PRACTICES

The privacy policy of your medical information is important to us. This notice describes how your medical information may be used, disclosed, and provided to you. Please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA), is a Federal program that requires that all medical records, also known as Protected Health Information, used or disclosed to us in any form, whether electronically, on paper or orally, are kept confidential. Your Protected Health information includes information about your health condition and the treatment you received at Yoshimoto Physical Therapy (YPT). This Notice explains how your Protected Health information may be used and disclosed to third parties and also details your rights regarding your Protected Health Information.

USES & DISCLOSURE OF PROTECTED HEALTH INFORMATION

YPT, in accordance with this Notice, may use and disclose your Protected Health Information for the following purposes:

1. **Treatment** – We will use or disclose your Protected Health information to provide, coordinate, plan and/or manage health care services.
2. **Payment** – We will use or disclose your Protected Health information as needed, to obtain payment for your health care services, confirm insurance coverage, and for billing and collection activities.
3. **Health Care Operations** - We will use or disclose your Protected Health information to support YPT business activities (conducting quality assessments, improve activities, auditing, cost-management analysis, and customer service).

SPECIAL DISCLOSURES OF PROTECTED HEALTH INFORMATION

Appointments – We may contact you to schedule appointments, and in the event that your therapist is ill to reschedule or cancel your appointment. We may leave a message for you on your answering machine or with the individual answering the phone.

Schedule – We maintain a schedule at the reception area, where the therapists can access patients seeking care and may need to schedule appointments.

Legal Proceedings – We may need to disclose your information in the course of any judicial or court administrative proceedings, in response to a subpoena.

Personal Representative – We may disclose your information to a family member or a personal representative, who under applicable law has the authority to represent you in making decisions related to your health care.

Emergency Situation – We may disclose your information for the purpose of coordinating your care with other entities in an emergency situation or disaster relief.

Research in Limited Circumstances – We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral Director, Coroner, and Medical Examiner – To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director or an organ procurement organization.

Specialized Government Functions - We may disclose your information if you are a member of the armed forces, as required by the military command authorities, National security and intelligence activities, other law enforcement custodial situations.

Court Order & Judicial & Administrative Proceedings – We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or missing person. We may share medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities – As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence – We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation – We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities – We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigation or proceedings, inspection, licensure or disciplinary actions, or other authorized activities.

Law Enforcement – Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain kinds of wounds) pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

Alternative & Additional Medical Services – We may use and disclose your medical information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

AUTHORIZATION:

Any use and disclosure, other than aforementioned will be made only with your written consent. You may revoke such authorization in writing to the Privacy Officer at YPT and we are required to honor and abide by your written request. However, you may be unable to revoke authorization for any action taken before receipt of your written notice to revoke this authorization. You give this authorization as a condition of obtaining insurance coverage and if you revoke this authorization, the insurance company has a right to contest your claim under the insurance policy. You give this authorization voluntarily and will end upon the completion of the billing and collection process for services rendered. You consent to receive contact via email for future events and follow up visits.

YOUR INDIVIDUAL RIGHTS

You have the right to:

1. Inspect and copy certain parts of your Protected Health Information. Your request must be made in writing. If you request copies, we will charge you \$3.50 per page plus postage if you wish copies to be mailed to you.
2. Request to receive confidential communication or Protected Health Information from us by alternative means or at an alternative location must be done in writing.
3. Receive a list of all names that our business associates using your shared medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
4. Revoke any authorization you have given YPT at any time through a written notice. However, if you revoke this authorization, the insurance company has a right to contest my claims under the insurance policy.

5. Request restriction on certain uses and disclosures of your Protected Health Information through a written request (that specifically identifies the information and person(s) limited to apply). Except in certain instances, YPT is not required to agree to a restriction request. If YPT agrees to your request, YPT will be bound by those restrictions unless the information is needed to provide you with emergency care.
6. Have YPT amend your Protected Health Information. If we deny your request for an amendment, we will do so in writing. If you disagree with the denial, you have the right to submit a statement of disagreement. If we accept your request to amend your information, we will make reasonable efforts to inform the individuals you name of the changes, and include the changes in any future sharing of your information.
7. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact person listed at the end of this notice.
8. Request an accounting of certain disclosure we have made, if any, of your Protected Health Information. It excludes disclosure made prior to April 10, 2003 and disclosure made for the purposes of the aforementioned treatment, payment, health care operations and special disclosures.
9. Obtain a paper copy of this notice from us.
10. Signing this authorization is not a condition of treatment.

QUESTIONS & COMPLAINTS:

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint. You may contact us to submit a complaint or submit requests involving any of your rights by writing to the following address:

Yoshimoto Physical Therapy
 ATTN: Dean Yoshimoto, Privacy Officer
 600 Kapiolani Blvd., Suite 208
 Honolulu, Hawaii 96813

REQUIREMENTS:

The following are requirements for Yoshimoto Physical Therapy:

1. We are required by law to maintain the privacy of your Protected Health Information and to provide you with notice of our legal duties and privacy practices.
2. We are required to abide by the terms of the Notice of Privacy Practices effective April 10, 2003. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all Protected Health Information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

PATIENT ACKNOWLEDGEMENT

I acknowledge that I have read and understand the content of this Authorization and Notice of Privacy Practices. I agree with all the statements made in this authorization and have been provided the opportunity to review all documents. I understand that, by signing this form, I am confirming my authorization for use and/or disclosure of my Protected Health information described in this form with the people and/or organizations named in this form.

Signature: _____

Date: _____

Print Name: _____

If this authorization form is signed by a personal representative for the individual patient, please sign here:

Personal Representative:

Signature: _____

Date: _____

Print Name: _____

Relationship to Patient: _____