



Aiea Pediatrics, LLC

Brent K. Tamamoto, M.D.

99-080 Kauhale Street, C-22

Aiea, Hawaii 96701

(808) 487-1600

NOTICE OF PRIVACY POLICIES AND PRACTICES

DEAR PATIENT: THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

At Aiea Pediatrics LLC, we are committed to treating and using protected health information about your child responsibly. This notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your child's protected health information. This notice is effective February 1, 2011 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR CHILD'S MEDICAL RECORD/HEALTH INFORMATION

Each time your child visits Aiea Pediatrics LLC, a record of this visit is made. Typically, this record contains information about the visit including your child's examination, diagnosis, test results and treatment, as well as other pertinent healthcare data. This information, often referred to as the health or medical record, serves as a:

- Basis for planning care and treatment
- Means of communication with other health professionals involved in the care of your child
- Legal document outlining and describing the care your child received
- A tool that you, or another payor (your child's insurance company) will use to verify that services billed were actually provided
- An educational tool for medical health providers
- A source for medical research with either Investigational Research Bureau Approval or Patient Authorization
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
- A source of data planning
- A tool that we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your child's record and how this health information is used helps you to ensure its accuracy, determine what entities have access to your child's health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

YOUR RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your child's protected health information
- The right to receive confidential communications concerning your child's medical condition and treatment
- The right to inspect your child's protected health information
- The right to a copy of your child's protected health information

- The right to request a time to amend or submit corrections to your child's protected health information
- The right to receive an accounting of how and to whom your child's protected health information has been disclosed
- The right to receive a printed copy of this notice

OUR RESPONSIBILITIES

Aiea Pediatrics LLC is required to:

- Maintain the privacy of your child's health information
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about your child
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and/locations

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice at your request. The revised policies and practices will be applied to all protected health information that we maintain. We will not use or disclose your child's health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your child's health information after we have received a written revocation of the authorization according to procedures included in the authorization.

HOW WE MAY USE AND/OR DISCLOSE YOUR CHILD'S HEALTH INFORMATION

- *We will use your child's health information for treatment.* Your child's health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating his or her health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.
- *We will use your information for payment.* Your child's health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to for the service rendered to your child.
- *We will use your information for regular health operations.* Your health information may be used as necessary to support the day-to-day activities and management of Aiea Pediatrics LLC. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.
- *Business Associates.* In some instances, we have contracted separate entities to provide services for us. The "associates" require your child's health information in order to accomplish the tasks that we ask them to provide. Some examples of these "business associates" might be a billing service, collection agency, answering service and computer software/hardware provider.
- *Communication with family.* Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person involved in your child's care or who you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your child's information.
- *Research/Teaching/Training.* We may use your information for the purpose of research with Investigational Research Bureau Approval or Patient Authorization. We may also use your information for teaching and training.
- *Healthcare Oversight.* Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney or other federal/state appointee if there are circumstances that require us to do so.
- *Public Health Reporting.* Your health information may be disclosed to public health agencies as required by law.
- *Law Enforcement.* Your child's health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigation, and to comply with government mandated reporting.

- *Appointment Reminders.* Our practice may use your information to remind you of an upcoming appointment. If you do not approve of us contacting you by telephone to confirm your child's appointment, please inform the practice.
- *Other uses and disclosures.* Disclosure of your child's health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your child's information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints, questions or would like additional information regarding this notice or the privacy practices, please contact:

Aiea Pediatrics LLC
99-080 Kauhale St., C-22
Aiea, Hawaii 96701
(808) 487-1600

If you believe that the privacy rights of your child have been violated, please contact the aforementioned practice Privacy Official, or you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Official or with the Office for Civil Rights.

**OFFICE FOR CIVIL RIGHTS
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
1301 YOUNG ST.
SUITE 1169
DALLAS, TX 75202**