BENNETT EYE INSTITUTE

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 this carefully.**

INTRODUCTION

This joint Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, obtain payment, conduct normal health care operations, and/or other purposes that are permitted or required by law. It also describes your rights to access and control how your PHI is used. PHI is information about you, including information that may identify who you are or where you live and that relates to your past, present or future physical or mental health or condition and related health care services. This notice is effective April 14, 2003, and applies to all PHI as defined by federal regulations.

If you do not want to provide your consent to the Bennett Eye Institute to use your protected health information for purposes of payment and/or health care operations, please submit a letter to:

Anu Nullar
Compliance/Privacy Officer
1620 Ala Moana Blvd, 500
Honolulu, HI 96815

USE OR DISCLOSURE OF YOUR HEALTH INFORMATION

For Treatment: Bennett Eye Institute may use your health information to provide you with medical treatment and services. For example, information obtained by Bennett Eye Institute will be included in your medical record that is related to your treatment. This information is necessary for Bennett Eye Institute to determine what treatment you should receive. Bennett Eye Institute will also record actions taken by them in the course of your treatment and how you respond to treatment. We will also provide your physician or subsequent health care providers with copies of various reports that may assist him or her in your care.

For Payment: Bennett Eye Institute may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a claim may be sent to your insurance carrier from Bennett Eye Institute in order for your insurance carrier to make payment based upon your medical coverage. The information on the claim will include information that identifies you, your diagnosis and treatment or supplies used in the course of treatment.

Business Associates: There are some services provided in our practice through contracts with business associates. These may include Emergency Room services, radiology and laboratory tests. When these services are contracted, we may disclose your PHI so that they can perform the job we've asked them to do. To protect your PHI, however, we require them to safeguard your information.

For Health Care Operations: Bennett Eye Institute may use and disclose your PHI for operational purposes. For example, your medical information may be disclosed to your insurance carrier to evaluate the performance of Bennett Eye Institute; assess the quality of care and outcomes in your case and similar cases and learn how to improve our services to you.

Appointments: Bennett Eye Institute may use your PHI to provide appointment reminders or information about treatment alternatives or other medical-related benefits and services that may be of interest to you.

Communication with Family: Bennett Eye Institute, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person that you identify, PHI related to that persons involvement in your care or payment related to your care.

Notification: We may use or disclose PHI to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and general condition.

Public Health: Your PHI may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability or for other health oversight activities.

Required by Law: Bennett Eye Institute may use and disclose information for law enforcement purposes as required by law or in response to a subpoena.

Organ/Tissue Donation: Your health information may be used or disclosed for cadaver organ, eye or tissue donation purposes.

Research: Bennett Eye Institute may use your PHI for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI has approved the research.

Health and Safety: Your PHI may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions: Specialized government functions, such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of PHI.

Workers Compensation: Your PHI may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Fundraising: Bennett Eye Institute may use your information to contact you as part of a fund-raising effort.

Decedents: PHI may be disclosed to funeral directors of coroners to enable them to carry out their lawful duties.

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

- Request a restriction on certain uses or disclosers of your PHI. However, Bennett Eye Institute is not required to agree to a requested restriction.
- Obtain a paper copy of the Notice of Privacy upon request.
- Inspect and obtain a copy of your medical records held by the Bennett Eye Institute upon request.
- Request to amend your medical records.
- Request communications of your PHI by alternative means or at alternative locations.
- Revoke your authorization to use or disclose PHI except to the extent that action has already been taken.
- Receive an accounting of disclosures of your PHI by Bennett Eye Institute.

Obligations of Bennett Eye Institute:

- Maintain the privacy of your PHI.
- Provide you with this notice of its legal duties and privacy practices with respect to your PHI.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed.
- Accommodate reasonable requests you may make to communicate PHI by alternative means or at alternative locations.
- Obtain your written authorization to use or disclose your PHI for reasons other than those listed above and permitted under the law.

Bennett Eye Institute reserves the right to change its privacy practices and to make new provisions effective for all PHI it maintains. As notices are revised, copies will be offered to you within sixty (60) days of making the change.

FOR MORE INFORMATION OR TO SUBMIT A COMPLAINT

If you have questions or would like additional information, please contact our Privacy Officer, Anu Nullar, at 808-955-0255.

If you believe that your privacy rights regarding your PHI have been violated, you may file a complaint with our practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

Federal law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes, in good faith, that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

BENNETT
EYE INSTITUTE

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES

❑ I have received a copy of the Bennett Eye Institute Privacy Practices

❑ I have declined a copy of the Bennett Eye Institute Privacy Practices

❑ The patient or their duly authorized representative is unable to make this acknowledgment for the following reason:

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_____ _____

Patient or Representative Signature Date

_____

Print Name