

**Health Insurance Portability and Accountability Act (HIPAA)  
NOTICE OF PRIVACY PRACTICES**

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

I am required by law to maintain the privacy of your mental health information. I am also required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). I will follow the privacy practices that are described in this Notice. If I amend this Notice, I will provide you with the amended Notice for your information and signature. For more information about my privacy practices, or for additional copies of this Notice, please let me know your questions as soon as they arise.

**I. Uses and Disclosures of Protected Health Information**

**A. Permissible uses and disclosures without my written authorization.**

I may use and disclose your PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead meant to describe the types of uses and disclosures of your mental health information that are legally permissible.

1. **Treatment:** I may use and disclose your PHI to other clinicians involved in your care in order to better provide integrated treatment to you. For example, I may discuss your diagnosis and treatment plan with your psychiatrist or nurse practitioner. In addition, I may disclose PHI to other health care providers in order to provide you with appropriate care, continued treatment, referrals or consultations.
2. **Payment:** I may use or disclose your PHI for the purposes of determining coverage, billing, claims management, and reimbursement. For example, a bill sent to your health insurer may include some information about our work together so that the insurer will pay for the treatment. I may also inform your health plan about a treatment you are going to receive in order to determine whether the plan will cover the treatment.
3. **Health care operations:** I may use or disclose your PHI in connection with health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. For example, I may disclose disguised information about our work for training purposes.
4. **Required or permitted by law:** I may use or disclose your PHI when I am required or permitted to do so by law. For example, I may disclose your PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. In addition I may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access your PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; disclosures for workers' compensation claims, and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as authorized by law.
5. **Other uses and disclosures without your consent:**
  - a. **Appointments and services:** I may remind you of an appointment, or tell you about treatment alternatives or health related benefits or services.
  - b. **Judicial proceedings:** I may use your PHI in response to court/administrative orders, subpoenas, discovery requests or other legal process.
  - c. **Public Health authorities:** I may use or disclose your PHI to prevent or control communicable disease, injury or disability, or ensure the safety of drugs and medical devices.
  - d. **Law Enforcement:** I may use or disclose your PHI to law enforcement for example, to assist in an involuntary hospitalization process.

**B. Permissible uses and disclosures that may be made without my authorization, but for which you have an opportunity to object.**

1. **Family members and other persons involved in your care:** I may use or disclose your PHI to notify, or assist in the notification of (including identifying or locating) your personal representative, or another person responsible for your care,

location, general condition, or death. If you are present, then I will provide you with an opportunity to object prior to such uses or disclosures. In the event of your incapacity or emergency circumstances, I will disclose your PHI consistent with your prior expressed preference, and in your best interest as determined by my professional judgment. I will also use my professional judgment and my experience to make reasonable inferences of your best interest in allowing another person access to your PHI regarding your treatment with me.

2. **Disaster relief efforts:** I may use or disclose your PHI to a public or private entity authorized by law or its charter to assist in disaster relief efforts for the purpose of coordinating notification of family members of your location, general condition, or death.

### **C. Uses and disclosures requiring your written authorization.**

1. **Psychotherapy notes:** I will not disclose the records of our work that I keep separate from the medical record for my personal use, known as psychotherapy notes, except as permitted by law.
2. **Other uses and disclosures:** Uses and disclosures other than those described in this Notice will only be made with your written authorization. For example, you will need to sign an authorization form before I can send your PHI to your life insurance company or to your attorney. You may revoke any such authorization at any time by providing me with written notification of such revocation.

## **II. Client Rights**

**A. Right to receive a copy of this Notice:** You have the right to obtain a paper copy of this Notice by submitting a request to *Lureen Tanaka-Nogawa, MFT, PO BOX 240222, Honolulu, Hawaii 96824* at any time.

**B. Right to request alternative communications:** You may request, and I will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

**C. Right to inspect and copy your medical billing records:** You may request access to your medical records and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. A fee will be charged for the costs of copying and sending you any records requested.

**D. Right to add information or amend your medical records:** If you believe that information is incorrect or incomplete, you may ask me to amend the information or add an addendum (addition to the record) of no longer than 250 words for each inaccuracy. Your request for amendment and/or addendum must be in writing and give a reason for the request. I may deny your request for an amendment if the information was not created by me, is not a part of the information which you would be permitted to inspect and copy, or if the information is already accurate and complete. Even if I accept your request, I do not delete any information already in your records.

**E. Right to accounting of disclosures:** Upon written request, you may obtain an accounting of disclosures of your PHI made by me in the last six years, subject to certain restrictions and limitations (for example, disclosure for treatment, payment or healthcare operations; disclosures pursuant to a signed release; disclosures for national security or law enforcement).

**F. Right to request restrictions on uses and disclosures of your healthcare information:** You have the right to request a restriction or limitation on the mental health information I disclose about you for treatment, payment or health care operations. You must put your request in writing. I am not required to agree with your request, except if your request is to restrict disclosing your PHI to a health plan for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law, and the PHI pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf.

**G. Right to receive notification of a breach:** I am required to notify you if I discover a breach of your unsecured PHI, according to requirements under federal law.

**H. Questions and Complaints:** If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, please contact me at (808) 630-1983. You may also file a written complaint with the Director, Office for Civil Rights of the US Department of Health and Human Services. I will not retaliate against you if you file a complaint.

## **III. Effective Date and Changes to this Notice**

A. This Notice is effective on July 1, 2013.

B. **Changes to this Notice:** I reserve the right to change this Notice. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. If I make any changes to the way your personal health information is used and given out while you are a current client, you will get a new Notice, directly or by mail, within 60 days of the change.