

# SUMMARY NOTICE OF PRIVACY PRACTICES

We are required by federal law to provide a Notice of Privacy Practice that describes how health information that we maintain about you may be used or disclosed. This Notice describes each use and disclosure that we are permitted to make and provide a description of your rights and our obligations under federal and state privacy laws.

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## How your health information may be used

### Payment

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We will be sure to only work with companies with a similar commitment to the security of your health information.

### Treatment

We will use your health information within our office to provide you with the best health care possible. In addition, we may share your health information with referring physicians, clinical and pathology laboratories, pharmacies or other health care personnel providing you treatment.



### Operations

Your health information may be included in training programs. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews.

### Patient Reminders

We will remind you of a scheduled appointment, or that it is time for you to follow up with an appointment.

### Abuse or Neglect

Government authorities will be notified if we believe a patient is the victim of abuse, neglect or domestic violence. This disclosure will occur when we are compelled by our ethical judgment, and when we believe we are specifically required or authorized by law, or with the patient's agreement.



### Public Health and National Security

Health information may be disclosed to Federal officials or military authorities to complete an investigation related to public health or to national security.

### Law Enforcement

We may disclose your health information as permitted or required by State or Federal law to a law enforcement official.



### Family, Friends and Caregivers

Your health information may be shared with those who are helping with your care, treatment, medication or payment. We will ask for your permission first. In the care of an emergency, we will use our best judgment when sharing your health information with those participating.

### Coroners, Funeral Directors and Medical Examiners

We may be required, by law, to provide information to coroners, funeral directors and medical examiners for purposes of determining a cause of death and preparing for a funeral.

### Medical Research

Formal review and study of health histories as part of a research study, will happen only under the ethical guidance, requirements and approval and of an institutional review board.

### Authorization to Use or Disclose Health Information

We will not disclose your health information other than with your written authorization unless stated above or where Federal, State or local law requires us to do so. You may revoke that authorization in writing at any time.

### You Have the Right

Rainbow Medical Supply, Inc.  
P.O. BOX 594.  
HILO, HAWAII 96721

### Restrictions

You may request restrictions on certain uses and disclosures of your health information.

### Confidential Communications

You may request that we only communicate your health information privately, with no other family members present, or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.



### Inspect and Copy Your Health Information

You may read, review and copy your health information. If you would like a copy of your health information, please let us know. A reasonable fee to duplicate records may be charged.

### Amend Your Health Information

You may ask us to modify your record if you think your health information records are incorrect. Although a request may be denied if it is determined that the records are accurate and complete. Please provide us with your request in writing and describe your reason for the change.

### Documentation of Health Information

You may ask us for a description of how and where your health information was used by us for any reason (other than treatment payment or health operations) from April 14, 2003. Notify us in writing the time period for which you are interested. A fee may be charged for your request.

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Complaints may be sent to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. Please let us know of your concerns or complains regarding privacy rights in writing.