



Mana Loa Health _ Privacy Policies

OUR LEGAL RESPONSIBILITIES

We are required by law to provide you with this Notice of Privacy Practices, which explains how we may use and disclose your protected health information (PHI) and outlines your rights regarding that information. Mana Loa Health is legally obligated to maintain the privacy of your PHI and to follow the terms of this Notice.

We reserve the right to change these policies at any time. If changes occur, they will apply to all past, present, and future PHI. You will be notified of updates, and you may request a copy at any time by contacting Mana Loa Health at (808) 765-7144 or Aloha@ManaLoaHealth.com.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following examples describe ways we may use or disclose your PHI for treatment, payment, healthcare operations, and other legally permitted purposes. These examples are illustrative and do not include every possible use or disclosure.

Treatment

We may use and disclose your PHI to provide and coordinate your care. This includes sharing information with other healthcare providers, therapists, trainees, medical staff, and office staff involved in your treatment. For example, a provider may consult with

another clinician regarding your care, or office staff may communicate with your pharmacy to call in a prescription.

Payment

Your PHI may be used to obtain payment from your insurance company or other third-party payers. This may include providing information for pre-authorizations, billing, or verification of benefits.

Healthcare Operations

We may use or disclose your PHI for activities necessary to operate our practice. This may include case reviews, quality improvement, staff training, and contacting you via phone, email, text, or portal to remind you of appointments.

If PHI is shared with third-party “business associates” (such as billing services or electronic medical record systems), we will have a contract in place requiring them to protect the confidentiality of your PHI.

Marketing Activities

We may use your PHI to send you information about services or products that may interest you, such as thank-you cards, coupons for specialized services, or wellness updates. You may opt out of these communications at any time.

Authorizations

We will not use or disclose your PHI for purposes not listed in this Notice without your written Authorization. You may revoke an Authorization at any time, but revocation will not affect information already disclosed while it was valid.

Appointment Reminders

We may contact you via text, phone, email, or portal reminders for upcoming appointments, follow-up visits, or lab work.

Individuals Involved in Your Care

We may disclose PHI to family members or friends involved in your care if you verbally agree or do not object. For example, if someone is present during your evaluation, we may reasonably assume we may discuss information in their presence unless you indicate otherwise. If you cannot agree or object due to a medical situation, we may share information in your best interest based on professional judgment.

Research

We will not use or disclose your PHI for research without your written Authorization.

Organ Donation

If you are an organ donor, we may disclose PHI to organizations involved in organ procurement or transplantation as necessary.

Public Health Activities

We may disclose PHI to public health authorities as required to report disease, injury, disability, adverse events, medication reactions, or to meet FDA safety and reporting obligations.

Health Oversight Activities

We may disclose PHI to oversight agencies for audits, inspections, investigations, or licensing reviews as permitted by law.

Required by Law

We will disclose PHI when required by federal, state, or local law.

Workers' Compensation

We may disclose PHI to workers' compensation programs for work-related injuries or conditions.

Legal Proceedings

We may disclose PHI in response to court orders, subpoenas, administrative requests, or other lawful processes.

Law Enforcement

We may release PHI to law enforcement officials when required, such as in response to a warrant, subpoena, or court order.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Access to Medical Records

You have the right to access and obtain copies of the PHI we use to make decisions about your care. Requests must be submitted in writing. A reasonable fee may apply for locating, copying, and preparing your records.

Amendment

If you believe your PHI is incorrect or incomplete, you may request an amendment. Your request must be submitted in writing and include a reason for the amendment. If we deny your request, we will provide a written explanation. We may deny requests when we believe the PHI is accurate and complete.

Accounting of Disclosures

You have the right to request an accounting of disclosures of your PHI made within the past six (6) years, except for disclosures related to treatment, payment, healthcare operations, authorized disclosures, or as otherwise excluded by law. Requests must be submitted in writing. A reasonable fee may apply for additional requests.

Restriction Requests

You may request that we limit how your PHI is used or disclosed for treatment, payment, or operations. While we will consider any request, we are not required to agree except where legally mandated. Requests must be submitted in writing.

Confidential Communication

You may request communication in a specific manner (for example, email only) or at a specific location. We will accommodate reasonable requests as long as we can continue billing and receiving payment.

Paper Copy of This Notice

You may request a paper copy of this Notice at any time, even if you received it electronically.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. Information on filing a federal complaint is available upon request. You will not be penalized for filing a complaint.