

# Notice of Privacy Practices

Effective: December 1, 2020

Last Updated: August 31, 2021

**PLEASE REVIEW CAREFULLY. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY HAWAIKIKI TELEHEALTH, LLC D/B/A NIU HEALTH (“NIU Health”), AND FURTHER, HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION.**

This Notice of Privacy Practices (“the Notice”) describes how NIU Health’s providers may use and disclose your protected health information to administer treatment, payment, or business operations and for other purposes that are permitted or required by law. NIU Health has elected to voluntarily and substantially comply with the standards provided in the Health Insurance Portability and Accountability Act (“HIPAA”). NIU Health’s providers will share protected health information with each other for the purposes of treatment, payment, and health care operations, and as permitted by HIPAA and this Notice of Privacy Practices.

“Protected Health Information” or “PHI” is information about you that may identify you, including demographic data, and that relates to your past, present, or future physical or mental health or condition, treatment or payment for health care services.

This Notice also describes your rights to access and control your PHI.

## **I. HOW INFORMATION ABOUT YOU MAY BE USED BY NIU HEALTH**

NIU Health may gather PHI primarily to share with its providers for the purposes of diagnosis, treatment, and health care operations. However, in limited circumstances, NIU Health may use de-identified, non-personal information for aggregated, statistical analysis, improvement of the Services, and customization of web design and content layout.

### **Uses and Disclosures of PHI**

NIU Health’s providers are permitted to use and disclose your PHI for purposes of (i) Treatment, (ii) Payment, and (iii) Health Care Operations as follows:

**For Treatment.** NIU Health’s providers may use or disclose your PHI to facilitate treatment or the provision of health care services to a Provider for purposes of a consultation or in connection with the provision of follow-up treatment. NIU Health’s providers may share your PHI with doctors, nurses, technicians, students or other NIU Health workers. For example, departments may share your PHI to plan your care. This may include prescriptions, lab work, and x-rays. NIU Health’s providers may share your PHI with people not at NIU HEALTH including, but not limited to, referring physicians and home health care nurses who are treating you or providing follow-up care.

**For Payment.** NIU Health's providers may use and disclose your PHI with others who help pay for your care such as health insurers or health plans in connection with the processing and payments of claims and other charges.

**For Health Care Operations.** NIU Health's providers may use and disclose your PHI for NIU Health's health care operations. These uses and disclosures help us run our programs and make sure NIU Health's patients receive quality care. For example, NIU Health's providers may use PHI to review the treatment and provision services. NIU Health's providers may use PHI to measure the performance of NIU Health's staff and how they care for you. NIU Health's providers may share PHI with third parties who NIU Health engages to provide various services for NIU Health and you. If any such third party requires access to your PHI in order to perform the agreed upon services, NIU Health will require that third party be bound to the terms outlined in this Privacy Notice.

**Business Associates.** NIU Health may contract with outside businesses to provide some services. For example, NIU Health may use the services of transcription, laboratories or collection agencies. Each contracted party must enter into a Business Associate agreement with NIU Health, which requires said third party businesses to protect PHI that is shared with them in accordance with the restrictions outlined in this Privacy Notice. Furthermore, PHI will only be provided to third party businesses for the limited scope of performing required services to help facilitate treatment, payment, and health care operations to you.

**For Appointment Reminders.** NIU Health may contact you to remind you about your appointment for medical care.

**Treatment Alternatives.** NIU Health may use and disclose PHI to tell you about different types of treatment available to you. NIU Health may use and share PHI to tell you about other benefits and services related to your health.

**Authorization.** NIU Health is permitted to use and disclose your PHI upon your written authorization, submitted on our form which will be provided to you upon request, to the extent that such use or disclosure is consistent with your authorization. Your written authorization is required for the release of any psychotherapy notes, marketing to you of any products or services not related to your care or treatment, or the sale of any PHI information that is not de-identified. Please note that you may revoke or limit any such authorization at any time. NIU Health cannot take back any disclosures we have already made with your permission. NIU Health is required to keep records of the care that we provided to you. Be assured that any uses or disclosures not described in this notice will require your written authorization.

**People Involved In Your Care.** With your permission, NIU Health may share your PHI with a family member or friend who helps with your medical care. We may share your PHI with a group helping with disaster relief efforts. We do this so your family can be told about your location and condition. If you are not present or able to say no, we may use our judgment to decide if sharing your PHI is in your best interest.

**Research.** In support of telemedicine and e-health initiatives, NIU Health may use and disclose your PHI for research. NIU Health will only use and disclose information for research if NIU Health receives your written consent, or if a review committee that meets Federal standards says NIU Health does not need your consent.

**Genetic Information.** NIU Health does not collect or use genetic information in its treatment. Nor does NIU Health use genetic information for underwriting and other related purposes.

**Fundraising Activities.** NIU Health will not disclose your individual PHI for fundraising activities without your written authorization.

**As Required By Law.** NIU Health may use and disclose your PHI when required to do so by federal, state or local law.

**To Prevent A Serious Threat To Health Or Safety.** NIU Health may use and disclose your PHI to prevent a serious threat to your health and safety and that of others. NIU Health will only disclose your PHI with persons who can help prevent the threat.

### **How NIU Health May Use and Disclose PHI – Special Situations**

**Military.** If you are in the U.S. or foreign armed services, NIU Health may share your PHI as required by the proper military authorities.

**Workers' Compensation.** NIU Health may share your PHI for workers' compensation or programs like it. NIU Health may do this to the extent required by law.

**Public Health Risks.** NIU Health may share your PHI for public health activities, as required by federal, state or local law. For example, we may share your PHI:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medicines or problems with products;
- to tell you about product recalls;
- to tell you if you have been exposed to a disease or may be at risk for catching or spreading a disease or condition;
- to tell the proper government department if NIU Health believes a patient has been the victim of abuse, neglect or domestic violence. NIU Health will only share this information when ordered or required by law.

**De-identified Information.** NIU Health may use, disclose, and request PHI if the Health Information to be used or disclosed is de-identified pursuant to the procedures set forth in 45 CFR 145.514(a)-(c).

**Health Oversight Activities and Registries.** NIU Health may share your PHI with government agencies that oversee health care. NIU Health may do so for activities approved by law. These activities include, but are not limited to, audits, investigations, inspections and licensure surveys. The government uses these activities to monitor the health care system. It also monitors the outbreak of disease, government programs, compliance with civil rights laws, and patient outcomes. NIU Health may share PHI with government registries, if required.

**Lawsuits and Disputes.** If you are in a lawsuit or a dispute, NIU Health may share your PHI in response to a court order, legal demand or other lawful process.

**Law Enforcement.** NIU Health may share PHI if asked to do so by a law enforcement official under limited circumstances as follows:

- to report certain types of wounds;
- to respond to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime, if under certain limited circumstances, NIU Health is unable to obtain the victim's agreement;

**Decedents.** NIU Health may, under limited circumstances, disclose your PHI to coroners, medical examiners, funeral directors for the purposes of identification, determining the cause of death and fulfilling duties relating to decedents.

**National Security.** NIU Health may share, if required, your PHI with the proper federal officials for national security reasons.

## **II. NIU HEALTH'S SECURITY OF YOUR INFORMATION.**

The importance of securing your PHI is of utmost concern to us. At NIU Health, we contract with vendors who provide state of the art secure transmission of your information from your PC or mobile device through a HIPAA secure conduit to our providers. PHI collected by the web site is stored in secure operation environments that are not available or accessible to the public.

NIU Health is not only HIPAA compliant but additionally utilizes the latest technologies to ensure utmost security. NIU Health uses several layers of firewall security and different degrees of encryption for each customer's sensitive PHI to ensure the highest level of security which meets or exceeds the requirements promulgated under HIPAA.

### III. YOUR PRIVACY RIGHTS

We are required by law to make sure that PHI that identifies you is kept private, provide you this Notice of our legal duties and privacy practices concerning your PHI, and follow the terms of this Notice currently in effect.

#### **Your Rights Regarding Your PHI**

You have the following rights regarding PHI which NIU Health maintains about you:

**Right To Inspect and To Receive Copies.** You have the right to view and receive copies of the PHI used to make decisions about your care, provided you submit your request in writing. Usually, this includes medical and billing records. It does not include some records such as psychotherapy notes. NIU Health may deny your request to view and/or copy your PHI in limited circumstances. If your request is denied, NIU Health will inform you of the reason of the denial and you have the right to request a review of the denial. NIU Health may charge a fee for the costs of processing your request.

**Right To Amend.** If you think that PHI NIU Health has about you is wrong or incomplete, you have the right to ask for an amendment to your record. To ask for a change to your record, you must make your request in writing, state a reason that supports your request and submit it our point of contact listed below.

**Right To an Accounting of Disclosures.** You have the right to get a list of the disclosures NIU Health has made of your PHI. This list will not include all disclosures that NIU Health made. For example, this list will not include disclosures that NIU Health made for treatment, payment or health care operations. To ask for this list, you must submit your request in writing on the approved form. The form will be provided to you upon request.

**Right To Request Restrictions.** You have the right to ask for a restriction or limitation on the PHI NIU Health uses or discloses for treatment, payment or health care operations. You also have the right to ask for a limit on the PHI NIU Health discloses with someone who is involved in your care or in the payment for your care. Such a person may be a family member or friend. NIU Health is not required to comply with your request. If NIU Health does agree, we will fulfill your request unless the information is needed to provide you with emergency treatment or if otherwise required by law. To ask for restrictions, you must make your request in writing on a form that we will give you upon request.

**Right To Request Confidential Communications.** You have the right to request confidential communications of your PHI or medical matters. You may request that NIU Health communicate with you through specific means or at a specific location. You must make your request in writing on a form that will be provided to you upon request. NIU Health will fulfill all reasonable requests.

**Right To a Paper Copy of This Notice.** You may ask NIU Health to give you a written copy of this Notice at any time. Even if you have agreed to get this Notice electronically, you still have a right to a paper copy of this Notice.

If you click on a link to a third-party site, you will leave the NIU Health site you are visiting and go to the site you selected. Because we cannot control the activities of third parties, we cannot accept responsibility for any use of your PHI by such third parties, and we cannot guarantee that they will adhere to the same privacy practices as NIU Health. We encourage you to review the privacy statements of any other service provider from whom you request services. If you visit a third-party website that is linked to our Site and/or Platform, you should read that site's privacy statement before providing any personally identifiable information.

#### **IV. REVISIONS TO THIS NOTICE**

NIU Health is constantly innovating and implementing new features as part of its Services. As a result, our privacy practices may change. We may revise this Notice to reflect any changes in our privacy practices. We reserve the right to make the revised Notice effective for PHI we already have about you. It also will be effective for any information we receive in the future. We will post a current version of the Notice on this Site prior to the change becoming effective, as well as in the places where you receive the Services. The effective date of this Notice is on the top of this page, left-hand corner, under the title.

#### **V. BREACH NOTIFICATIONS**

NIU Health will notify you if a reportable breach of your unsecured PHI is discovered. Notification will be made to you no later than 60 days from the breach discovery and will include a brief description of how the breach occurred, the PHI involved and contact information for you to ask questions.

#### **VI. COMPLAINT**

Complaints about this Notice or how NIU Health handles your PHI should be directed to NIU Health's Privacy Officer and the contact information listed below. If you are not satisfied with the manner in which a complaint is handled you may file a formal complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. You may also contact us for further information about your privacy rights by emailing us at [support@Niuhealth.com](mailto:support@Niuhealth.com) as well as by post mail:

NIU Health  
Attn: Privacy and Security Officer  
1450 Ala Moana Blvd., Suite 2230

Honolulu, HI 96814  
Ph: (808) 888-4800  
Email: [drt@niuhealth.com](mailto:drt@niuhealth.com)

ACCEPTANCE By placing a check mark in the appropriate box, you acknowledge your acceptance of NIU Health's privacy policy and agree to the terms described herein. If you do not agree with this policy, you should not use NIU Health's Site, Platform, and/or Services. It is recommended that you read this privacy policy before use of the Site, Platform, and/or Services to ensure that you have not missed any changes to the privacy policy. Your continued use of the Platform and/or Services following any changes to the privacy policy signifies your acceptance of those changes.