



Aloha Sophia Wellness, LLC  
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## NOTICE OF PRIVACY PRACTICES YOUR RIGHTS & OUR RESPONSIBILITIES

Effective: 02/04/19

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. “Protected Health Information” is information about you, including demographic information that may identify you and that relates to your past, present or future physical health condition and related health care services. Please review it carefully.

### OUR RESPONSIBILITIES:

By law, we are required to:

- Keep your health information private
- Give this Notice to you, and describe our legal duties and privacy practices, and your rights regarding your health information
- If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your health information.
- We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information (PHI) as soon as possible, but in any event, no later than 60 days following the discovery of the breach.
- To provide you with notice, such as this Notice of Privacy Practices and abide by the terms of our most current Notice of Privacy Practices;
- Notify you if we are unable to agree to a requested restriction.

The effective date of the Notice is printed on the first and last pages. The Notice is posted on our website at [www.alohasophia.com](http://www.alohasophia.com). You may contact the Privacy Officer to request a copy of the current Notice. See the last page for the Privacy Officer’s phone number and address.

### CHANGES TO THE TERMS OF THIS NOTICE

We reserve the right to change our practices and to make the new provisions effective for all your health information that we maintain. Should our information practices change; a revised Notice of Privacy Practices will be available upon request. We will not use or disclose your health information without your authorization, except as described in our most current Notice of Privacy Practices. If you have limited proficiency in English, you may request a Notice of Privacy Practices in Spanish, or other languages.

### WHEN YOU RECEIVE THE NOTICE

You will be asked to sign a form to show that you received the Notice. If you do not sign the form, we will continue to care for you, and we will use or disclose your health information as needed for treatment, payment or health care operations.

### HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

On the next few pages, we describe the ways we may use or disclose your health information. For each type of use or disclosure, we explain what we mean and give one or more examples. We are not able to list every possible example.

### HOW YOUR HEALTH CARE INFORMATION MAY BE USED OR DISCLOSED

Medical information, including health history, is collected from you upon your initial visit and on subsequent visits, and is then stored on your health chart and in your patient file.

Your health chart is referred to in this practice as a “travel card” and contains the most relevant information the doctor needs during your visits. While you are an active patient, your travel card is stored in an open filing system that is accessible to our staff. This open filing system is off-limits to anyone but our staff.

Any additional health information or related documents are stored in your patient file. Active and non-active patient files are kept in secured storage and are off-limits to anyone but our staff.

Medical information will be used in the assessment of your condition and in the need for health care or referral purposes. Some of your medical information will be transferred to a computer program for the purposes of retrieval, storage, scheduling, billing, and payment purposes.

The medical information contained on your travel card and in your patient file will be stored by Aloha Sophia Wellness, LLC for a period of no less than seven (7) years.

## **HEALTHCARE TREATMENT**

- We use your health information to plan your care and treatment to serve your health needs.
- We may disclose your health care information to the other doctors and staff within our practice for the purpose of treatment, payment or healthcare operations.
- Computerized surface EMG, thermography, or posture analysis programs to assist in patient health care.
- In addition, we may also disclose your health care information to the person or persons responsible for your health care, such as a parent, other family members or a nurse.
- On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Aloha Sophia Wellness, LLC, or to communicate with other providers such as referring physicians.

## **PAYMENT**

- The health care we provide is considered Wellness or Preventative Maintenance Care. Most insurance policies are written specifically to reimburse for symptom care, meaning sickness care. Therefore, we do not bill any insurance company directly, nor do we provide any itemized billing statement containing health information, that your insurance company would need for patient reimbursement of services. However, as a courtesy, we can provide you with an itemized billing statement that will only contain the dates of your wellness visits and a listing of charges.
- In the case a patient submits the itemized billing statement not intended for insurance company reimbursement, and your health insurance requests your health information, then your health information may be disclosed to your health insurance company.
- In the event of an overdue balance, it is our policy to send a billing notice to your primary address on file, or by email (if you have previously given permission to receive email communications). This billing notice will contain the dates of your recent visits and a listing of overdue charges.

## **HEALTH CARE OPERATIONS**

We may use or disclose your health information to support our day-to-day activities related to health care. For example:

- For quality and outcome assessments for improvement of care we render.
- Communicate with contracted third-party business associates for services, such as answering services, transcriptionists, record keeping, consultants, and legal counsel.
- Communicate to you via newsletters, mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community-based initiatives or activities in which our practice is participating.
- We may use your health information to evaluate the skills of the employees who cared for you.
- If a translator is needed to help us communicate with you, we may disclose your health information to the translator.

## **COMPLIANCE WITH THE LAW**

- ***As Required by Law.*** We use or disclose health information if a law or rule requires or permits the use or disclosure. We will disclose health information to the Secretary of the Department of Health and Human Services if the Secretary wishes to check how we are following the law and protecting your health information.
- ***Court Orders and Other Legal Proceedings.*** We disclose health information in response to a court order, discovery request or subpoena, under certain circumstances.
- ***Law Enforcement.*** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, warrant, summons, and other law enforcement purposes, if authorized under state or federal law.
- ***To Avoid Harm.*** To avoid a serious threat to the health or safety of a person or the public, we may disclose health information to the police or other persons who can prevent or lessen the threat.

- **Funeral Arrangements.** We may disclose health information about a person who has died to a funeral director, coroner or medical examiner, to help them carry out their duties. We may also disclose health information to an executor or administrator of your estate to the extent that person is acting as your personal representative.
- **Military Activity or National Security.** We may disclose your health information for military, national security, prisoner and government benefits purposes. We may disclose health information about Armed Forces personnel to military authorities. We may disclose health information to federal officials who conduct national security or intelligence operations such as protecting the President of the United States.

## **PUBLIC HEALTH AND SAFETY ISSUES**

- As required by law, we disclose health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.
- Product Recalls

## **INCIDENTAL DISCLOSURES**

Aloha Sophia Wellness, LLC maintains an open adjusting room and an open reception area. The doctors or staff may need to discuss an aspect of your health care or health care information with you while you are in these areas, such as when scheduling appointments, collecting payment or during your Network Entrainment. While these communications are intended to be private, please know that it may not be possible to prevent another patient from overhearing these conversations. If you need to have a completely private discussion with the doctor regarding your care, you may request to speak to the doctor in a private room or to schedule a private discussion with the doctor, either in person or by telephone at a later time.

In addition, during your Network Entrainment your travel card will be kept on a table next to you in the open treatment area for the purpose of the doctor recording notes. Despite this being an open treatment room, the area is supervised, and the medical information is typically not immediately viewable by other patients.

As a courtesy to our patients, it is our policy to make a reminder call to your primary phone number in the following situations:

- After any missed appointments.
- Prior to any scheduled initial visits, report of findings, SRI or reevaluation appointments
- Prior to scheduled classes and groups for those who have signed up.

If you do not answer, we leave a reminder message on your voicemail. Should someone other than you answer without you being available to speak with, we will only ask to have you call our office and not relay any other information, unless permission has previously been granted by you on our Use and Disclosure Form. We will always clarify to whom we are speaking with on the phone. No personal health information will be disclosed during this recording or message other than a request to call our office to reschedule your appointment.

These courtesy calls are made during normal business hours at the open reception area, and as such these calls may be overheard by other patients in the reception area at that time. However, phone conversations will always be kept as private as possible regarding disclosure of your health information.

If you have given us permission to communicate with you via email or text, we may choose to communicate with you via these outlets, rather than with a phone call, but only if you have previously granted us permission to do so.

We may from time to time offer various classes or groups. Sign-up sheets for these groups will be available to patients at the front reception desk. These sign-up sheets will display the name, phone number and email of each person who has signed up.

Aloha Sophia Wellness, LLC may maintain a bulletin board or binder for our patients to voluntarily post business cards, event notices, and services provided by our patients. Although this information may reveal who is or has been a patient at Aloha Sophia Wellness, LLC, this board or binder does not contain any personal health information. However, the information posted is viewable by anyone that comes into the practice. All material posted on the bulletin board or put in the binder is reviewed and approved by staff prior to being posted.

## MISCELLANEOUS CORRESPONDENCES

When a new patient begins to receive care from Aloha Sophia Wellness, LLC, it is our practice, as a token of gratitude, to give a thank-you card to the patient that referred them, if any.

It is also our practice to send birthday cards to our patients to their address on file near the time of their birthday.

## CHANGE OF OWNERSHIP

In the event that Aloha Sophia Wellness, LLC is sold or merged with another organization, your health information/record will become the property of the new owner

## YOUR AUTHORIZATION IS REQUIRED FOR ALL OTHER USES OR DISCLOSURES

We will not use or disclose your health information for any purpose that is not listed in this Notice of Privacy Practices, unless you have given us a signed authorization form. If, after signing the authorization form, you change your mind, you may ask us to stop any future use or disclosure. You must make your request in writing. We will honor your request, but we cannot undo any of the uses or disclosures we have already made prior to receiving your request.

## YOUR PROTECTED HEALTH INFORMATION RIGHTS

You have the following rights with regard to your protected health information:

- ***The right to ask us not to use or disclose your health information for treatment, payment or health care operations or request restrictions on certain uses and disclosures of your health information. The right to ask us to limit the information we share.*** You have the right to list individuals who are involved in your care and, as a result, to whom PHI can be disclosed; a PHI Use and Disclosure Authorization form will be provided to you. You also have the right to restrict payer access. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or any operations with your health insurer. You must make your request in writing to our privacy office; a Request to Restrict Disclosure to Health Plan form will be provided upon request.
- ***The right to ask us to send health information to you in a different way. The right to request confidential or alternative communication.*** After initialing completing a PHI Use and Disclosure Form indicating your preferences for how we will communicate with you, you may request in the future that we communicate with you about medical matters in a certain way or at a certain location other than what was previously authorized. For example, you can ask that we only contact you at work or by email. You may also request other alternative communications; you must make your request in writing to our privacy officer, a Request for Alternative Communications form will be provided upon request.
- ***The right to ask to see or get a copy of your health information.*** Upon request, we will supply you with a Request to Inspect or Copy Patient Information form. The form contains the name of our privacy official and his/her contact information. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable fee for cost of labor, postage, and supplies associated with your request in compliance with state and federal laws regarding medical records request.
- ***The right to ask us to correct or amend your health information.*** Upon request, we will supply you with the Request to Amend Patient Record Form. You must make your request to correct your medical records in writing and explain the reasons for your request. Please be advised, however, we are not required to agree to amend your health information. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We will respond to your request within 60 days in writing.
- ***The right to get a list of disclosures of your health information.*** You may ask us to give you a list of the times we disclosed your health information. A Request for Accounting of Disclosure of PHI form will be provided upon request. We will respond to your request within 60 days. We are not required to list all disclosures. For example, the list will not include disclosures for treatment, payment or health care operations (TPO). The first accounting of disclosures (Response to Request for Disclosure form) you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting of disclosures.

- ***The right to a paper copy of this Notice of Privacy Practices at any time upon request.*** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- ***The right to receive notice of a breach.*** We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach.
- ***The right to file a complaint if you believe your privacy rights have been violated.*** If you believe your privacy rights have been violated, you may file a complaint with our privacy officer. We will supply you with a Complaint Form upon request (form contains the name of our privacy official and his/her contact information). All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known that the alleged violation occurred.
- You may submit a formal complaint to the United States Department of Health and Human Services (DHHS) Office of Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- You will not be penalized or retaliated against for filing a complaint.

## YOUR CHOICES

This section addresses your choices regarding health information we may share:

- ***Opting In or Out of Emails and/or Texts.*** You have the right to designate, on our Use and Disclosures Form how you would like us to contact you, including the right to opt in/out of emails and/or texts. Emails and texts may be used for one or more of the following purposes:
  - Appointment Reminders
  - Billing updates/information
  - Newsletters or Educational Information
  - Trivia Contests
- ***Share information with your family and friends about your condition.*** You may choose to give permission to allow disclosure of your health information to a family member, friend or other person who is involved in your care or payment for your care. This may include, but is not limited to, authorizing your spouse to pay for your healthcare services, or asking your spouse to deliver to you acute home care instructions you may need.
- ***Disclose your health information when disaster relief organizations seek your health information to coordinate your care.*** Note: If you are unable to communicate your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.
- ***Marketing Purposes.*** We are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, we may use health information to tell you about health-related benefits or services that may be of interest to you.

It is our practice to use the following means for marketing:

- Patient Appreciation Days or seasonal promotions.
- Advertising in various print or electronic media, such as on our website, social media, or newspapers
- Using patient reviews or testimonials (written or video), photographs, and other videos

Patient information is used and/or disclosed for marketing purposes ***only after receiving specific authorization from each patient to do so.*** If you consent to marketing, we may send you an email, a letter, post card, or an invitation regarding our various marketing tools.

***If attending classes or groups,*** patients may be asked to share about their medical or health experiences for the purposes of education, or other group purposes, while other practice members are present. Participation in this type of activity during these classes or groups is not mandatory and is only done with your voluntary participation.

- ***Sale of your information.*** Under no circumstances will we sell our patient lists or your health information to a third party without your written authorization.
- ***Spinal Screenings.*** From time to time, Aloha Sophia Wellness, LLC conducts spinal screenings in public venues, with patient verbal consent, using computerized surface EMG that displays the reading on a computer screen. This computer screen may be visible to the public. In addition, a hard copy printout which contains results is given to the patient. This information is saved in the computer as a record of the screening

#### **PRIVACY OFFICER**

We are required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice, or if you want more information about your privacy rights, please contact our Privacy and Security Officer, Dr. Sophia Renée Rodrigues, by calling 808-828-0418 or mailing 4228 North Waiakalua Street, Unit D, Kilauea, HI 96754. If Dr. Sophia Renée Rodrigues is not available, you may make an appointment for an in-person conference or by telephone.

This notice is effective as of February 04, 2019.