

## NOTICE OF PRIVACY PRACTICES

**Peter A. Matsuura, M.D.**  
Orthopaedic Surgery & Sports Medicine

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.** Effective January 1, 2013 *(Last Updated: January 2018)*

We are required by law to protect the privacy of your health information. We are also required to give you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice.

The (ONC), Office of National Coordinator, for Electronic Health Information Exchange, has revised your consent to:

- No Consent, where your information is automatically included, patient cannot opt- out.
- You have the right to opt- out with exception, where your health information is to be included, but the patient can opt- out entirely or allow only select data to be included.
- You also have the right to Opt-In with restriction, where no patient health information is made available, but the patient may allow a subset of select data to be included.
- You may also Opt-In, where the patient must actively express consent to be included, but if they do so then the information must be all in or all out.

The terms "information" or "health information" in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you a revised notice by direct mail or electronically as permitted by applicable law. In all cases, we will post the revised notice.

Dr. Peter Matsuura and staff collect written and electronic information to provide and administer medical care and to provide products, services and information of importance to our patients. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our patient's information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

It is the legal duty of Peter A. Matsuura, M.D. and staff to protect our patient's Health information and the HIPAA Privacy Rule gives our patient a fundamental new right to be informed of the privacy practices of their health plans and most of their health care, as well as to be informed of their privacy rights with respect to their personal health information.

Protecting patient's privacy and securing their health information is a core requirement for the Medicare and Medicaid (E.H.R.) Electronic health record program. Dr. Matsuura and his staff are responsible for taking the steps needed to protect the confidentiality, integrity, and availability of health information and comply with HIPAA, Privacy and Security Rules, CMS Meaningful Use Requirements.

Your health Information may be transmitted for and by electronic media and maintained in electronic media for treatment to all healthcare team members.

- For the creation of de-identified health information. We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.
- We will use and/or disclose your information when required by law to do so.
- For Health Care Operations, Insurance companies for payments.
- For payment of healthcare services, we provide to you. We also may provide information to other health care providers to assist them in obtaining payment for services they provide to you.
- To provide you with information on your Preventive care/ Annual wellness benefits.
- Reminders, we may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders preventive health indicators, either by phone, internet or through our secure Practice Portal as required by law. Access to retrieve this information is available. Contact our office for a secured user and password to access our practice portal.

Your health Information may be used or disclosed without your written authorization for the purposes of:

- For Public Health activities such as reporting or preventing disease outbreaks.
- For reporting victims of abuse, neglect or domestic violence to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- For judicial or administrative proceedings such as in response to a court order, search warrant or subpoena.
- To prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.
- To comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.
- To Business Associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

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## Additional Restrictions of Use and Disclosure

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: Refer to your State Law for additional information.

- HIV/AIDS;
- Mental health;
- Genetic tests;
- Alcohol and drug abuse;
- Sexually transmitted diseases and reproductive health information; and
- Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

## Other Uses and Disclosures

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. You have the right to revoke an authorization which are required for use and disclosure of psychotherapy notes, certain types of marketing arrangements, and certain instances involving the sale of your information. You may revoke such authorization, in writing, at any time to the extent we have not relied on it.

## What Are Your Rights?

You have the right to ask to restrict, the right to receive confidential communication, the right to see and obtain a copy, the right to ask to amend, and the right to a paper copy of this notice.

You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. You must provide us with a written request of the specific information and parties that you are requesting restriction so that we can process your request.

You have the right to receive, inspect and copy health information maintained by us. Your health information is made available to you on our Patient Portal. You can view and inspect your records there. If you would like a hard copy of your records, you must complete a Medical Record Release Form that provides the information needed to process your request. We will provide a copy or a summary of your health information, usually within 30 days of your request. We charge a fee of \$.25 per page, or \$25.00 to receive it electronically on CD. We may deny you access in certain limited circumstances. If we deny access, you may request review of that decision by a third party, and we will comply with the outcome of the review.

You have the right to request an amendment to your records. If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must provide us with a written request stating the specific information you would like amended, and your information to process your request, including the reason that supports your request. Your request may be denied if we did not create the PHI, if the amendment is not part of normal record keeping of PHI, and if the amendment would never be included for inspection by any other group or party and if we believe the record is accurate and complete without the amendment. We will however, respond to your request within 60 days letting you know if the information has been corrected or if the corrections have been denied and why.

You have the right to request an accounting of disclosures and access report which would be a list of disclosures of your health information we have made, with certain exceptions defined by law. You also may request an access report indicating who has accessed your PHI maintained by us in an electronic designated record set in the last three years. To request an accounting, you must provide us with a written request providing the information we need to process your request.

You have the right to a paper copy of this notice. You can find it on our website at <http://www.petermatsuuramd.com>; or ask our receptionist for a copy.

## Our Responsibility Regarding your Health Information

As required by law, we will maintain the privacy and security of your protected health information. We must follow the duties and privacy practices described in this notice and provide you with a copy. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you tell us we can in writing.

## Complaints

If you believe your privacy rights have been violated, you may file a written complaint addressed to:

Administrator  
Peter Matsuura, M.D.  
670 Ponahawai St., Ste. 214, Hilo, HI 96720  
Fax: 808-935-6175

You may also notify the Secretary of the U.S. Department of Health & Human Services. We will not take any action against you for filing a complaint.