



HAWAII NATUROPATHIC RETREAT

DETOXIFICATION · LIFESTYLE CHANGES · RAW FOOD · GERSON THERAPY

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Hawaii Naturopathic Retreat Center, Inc. Summary of Privacy Practices

We are required by federal law (HIPAA) to provide a Notice of Privacy Practices that describes how health information that we maintain about you may be used or disclosed. This summary describes how protected 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

The privacy law permits us to disclose your health information for purposes of treatment, payment and health care operations.

Treatment

We will use your health information within our clinic to provide you with the best health care possible. In addition, we may share your health information with consultants, clinical laboratories, radiology, facilities, pharmacies, and other health care personnel providing diagnostic and treatment procedures.

Payment

We may include your health information with an invoice used to collect payment for treatment you receive in our clinic. We will provide information about the medical care we provided to your insurance company.

Operations

Your health information may be disclosed during audits by insurance companies, training programs, legal services, credentialing, quality assessment and other similar activities.

Patient reminders

Reminder calls are made whenever possible. If you are not available a message may be left to call our office.

Abuse or neglect

We may disclose your health information as permitted or required by state or federal law to report abuse or neglect.

Law Enforcement

We may disclose your health information as permitted or required by state or federal law.

Family, Friends and Caregivers

With your permission, or in an emergency, your health information may be shared with those who are helping with care, treatment, medication or payment.

Disaster Relief, Public Health, and National Security

Health information may be disclosed to federal, state, and local officials or military authorities to complete an investigation related to public health, national security, or disaster relief.

Workers Compensation

We may disclose your health information to comply with Workers Compensation laws.

Authorization to Use or Disclose Health Information

We will not disclose your health information without your written authorization unless required by federal, state or local law unless permitted under the Privacy Law. You may revoke that authorization in writing at any time.

Your Health Information Rights**Inspect and Copy Your Health Information**

You may ask us to modify your record if you think your health information records are incorrect. If your request is denied because it is determined that the records are accurate and complete, you may submit a statement of disagreement to be kept in your record.

Restrictions

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

Confidential Communications

You may request that we communicate your health information privately with no other family members present or by mail to a different location. We will make every effort to respond to reasonable requests for confidential communications.

Accounting of disclosures

You may request an accounting of disclosures that have been made by us for reasons other than treatment, payment, or health operations or without your specific authorization from April 14, 2003, the effective date of the Privacy Law.

Complete Notice of Privacy Practices

The complete Notice of Privacy Practices may be available upon your request.