

**MAVIS M. ALAIMALO, PSYD, CSAC, LTD**  
98-084 Kamehameha Highway, Suite #301B  
Tel: (808) 486-4900 \* Fax: (808) 486-4901

## **WHAT IS HIPAA?**

HIPPA is the acronym for the new federal *Health Insurance Portability & Accountability Act* established by the US Department of Health and Human Services. These new federal rules govern your privacy and the security of your personal medical information. With the increasing reliance upon computers in the health care industry, it became necessary to create privacy standards to help keep health claims and other transactions secure and confidential while being processed.

Under HIPAA, you will have more control over your personal medical records and how this information is released and used. All health providers are now required to establish procedures to protect the confidentiality, integrity, and availability of your health information.

Protecting the confidentiality of my patient's personal health information is of utmost importance to me. I never have, nor will I ever, disclose any of your personal information without your expressed consent or as otherwise provided by the law. The new HIPAA regulations are designed to help use further protect your privacy.

I take these new standards very seriously and want to ensure that you are fully aware of them. That is why I offer you this copy of my *Notice of Privacy Practices*. Please sign the following page acknowledging that you have reviewed it. A copy of our HIPPA policies is provided upon request.

If you have further questions or concerns, please do not hesitate to ask.

~Mavis M. Alaimalo, PsyD., CSAC

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**NOTICE OF PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION**

Federal and State laws governing confidentiality can be quite complex. This Notice explains some specific Patient Rights that you have under these laws. I will maintain a Clinical Record file on your case, which is the property of Drs. Mavis M. Alaimalo, PsyD, Ltd. You may examine and/or receive a copy of your file *if* you request it in writing *and* the request is signed by you *and* dated not more than 60 days from the date it is submitted. There may be a charge for writing reports or for copying materials.

**I. Uses and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations**

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- **PHI** refers to information in your health record that could identify you.
- **TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**
  - **TREATMENT** is when I provide, coordinate and manage your health care and other services related to your health care. Example: when I consult with another health care provider, such as your family physician, psychiatrist or psychologist.
  - **PAYMENT** is when I obtain reimbursement for your sessions. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement from your insurance company or to determine eligibility or coverage.
  - **HEALTHCARE OPERATIONS** are activities that relate to the performance and operation of my practice. Example: Case management and care coordination, business related matters such as audits and administrative services, quality assessment and improvement activities.
- **USE** applies to activities within my office, such as employing, applying, utilizing information that identifies you.
- **DISCLOSURE** applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when authorization is obtained. An *authorization* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain a separate authorization before releasing your psychotherapy notes. *Psychotherapy notes* are notes that I may have created (if applicable) about our conversations which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

**III. Uses and Disclosures Requiring Neither Consent Nor Authorization**

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reason to believe or suspect that a child under 18 years of age or a mentally retarded, developmentally disabled, or physically impaired person under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, I am required by law to report that knowledge or suspicion to the appropriate authorities.
- **Elder Abuse:** If I have reasonable cause to believe that an elder is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, I am required by law to immediately report such belief to appropriate authorities.

- **Adult and Domestic Abuse:** If I, in the performance of professional or official duties, know or have reason to believe that a dependent adult has been abused and is threatened with imminent abuse, I must promptly report the matter to the appropriate authorities.
- **Health Oversight Activities:** If the Hawaii board of Psychology (for Dr. Mavis M. Alaimalo) investigating my competency, license or practice, I may be required to disclose health information regarding you.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information concerning the counseling and/or psychotherapy services provided to you and/or the records thereof, such information is privileged under Hawaii law, and I shall not release information without the written authorization of you or your legally appointed representative or court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I shall inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** I may disclose protected health information regarding you where there is clear and imminent danger to you or another individual or to society, and then only to appropriate professional workers or public authorities. If you are at risk, I may also contact family members who could assist in providing protection.
- **Worker's Compensation:** If you file a worker's compensation claim, I may be required to disclose PHI about any services that I have provided to you that are relevant to the claimed injury.

#### IV. **Patient's Rights and Provider's Duties:**

- Patient's Rights:
  - *Right to request restrictions:* You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.
  - *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:* You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address).
  - *Right to Inspect and Copy:* You have the right to inspect and/or obtain a copy of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
  - *Right to Amend:* You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
  - *Right to an Accounting:* You generally have the right to receive an accounting of disclosures of PHI.
  - *Right to a Paper Copy:* You have the right to obtain a paper copy of the Privacy Notice from me upon request, even if you have agreed to receive the Notice electronically.

#### V. **Psychologist's / Psychiatrist's Duties:**

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify you at your next session, and they will be posted in the waiting room for your inspection, at your convenience.

#### VI. **Complaints:**

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me for further information.

#### VII. **Effective Date, Restrictions, and Changes to my Privacy Policy**

This notice will go into effect on October 1, 2017.

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

I acknowledged that I have received and/or a copy of the Privacy Practices Statement Notice from the office of: Mavis M. Alaimalo, PsyD, Ltd.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Parent Signature (if patient is a minor)