

1063 Lower Main St, Ste C212  
Wailuku, HI 96793-6006  
www.ponohealthcare.com

## JEFFREY H. CHESTER, DO

Board Certified by American Board of Physical Medicine & Rehabilitation  
Board Certified in Addiction Medicine by the American Board of Preventative Medicine  
Lifetime Diplomate of the American Board of Addiction Medicine

Phone 808.249.8887  
Fax 808.249.8889  
drchester@ponohealthcare.com

Physiatry/Pain Management/Electrodiagnostic Medicine/EMG/Osteopathic Manual Medicine/Addiction Treatment

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### PRIVACY POLICIES NOTICE

It is the policy of my practice and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that my practice and staff have the necessary medical and PHI to provide the highest quality medical care possible while protecting the confidentiality of the PHI of our patients to the highest degree possible. Patients should not be afraid to provide information to my practice and staff for purposes of treatment, payment and healthcare operations (TPO). To that end, my practice and staff will--

- ☞ Adhere to the standards set forth in the Notice of Privacy Practices.
  - ☞ Collect, use and disclose PHI only in conformance with state and federal laws and current patient covenants and/or authorizations, as appropriate. My practice and staff will not use or disclose PHI for uses outside of practice's TPO, such as marketing, employment, life insurance applications, etc. without an authorization from the patient.
  - ☞ Use and disclose PHI to remind patients of their appointments unless they instruct us not to.
  - ☞ Recognize that PHI collected about patients must be accurate, timely, complete, and available when needed. My practice and staff will
    - Implement reasonable measures to protect the integrity of all PHI maintained about patients.
  - ☞ Recognize that patients have a right to privacy. My practice and staff respect the patient's individual dignity at all times. My practice and staff will respect patient's privacy to the extent consistent with providing the highest quality medical care possible and with the efficient administration of the facility.
  - ☞ Act as responsible information stewards and treat all PHI as sensitive and confidential. Consequently, My practice and staff will:
    - Treat all PHI data as confidential in accordance with professional ethics, accreditation standards, and legal requirements.
    - Not disclose PHI data unless the patient (or their authorized representative) has properly authorized the release or law otherwise authorizes the release. Recognize that, although my practice "owns" the medical record, the patient has a right to inspect and obtain a copy of their PHI. In addition, patients have a right to request an amendment to their medical record if he/she believe their information is inaccurate or incomplete. My practice and staff will--
    - Permit patients access to their medical records when their written requests are approved by my practice.
- If we deny their request, then we must inform the patients that they may request a review of our denial. In such cases, we will have an on-site healthcare professional review the patients' appeals.
- Provide patients an opportunity to request the correction of inaccurate or incomplete PHI in their medical records in accordance with the law and professional standards.
- ☞ My practice and staff will maintain a list of certain disclosures of PHI for purposes other than TPO for each patient and those made pursuant to an authorization as required by HIPAA rules. We will provide this list to patients upon request, so long as their requests are in writing.
- ☞ My practice and staff will adhere to any restrictions concerning the use or disclosure of PHI that patients have requested and have been approved by our practice.

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☞ My practice and staff must adhere to this policy. My practice will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with our practice's personnel rules and regulations.

☞ **Special Protections for Substance Use Disorder (SUD) Records:**

Some of the health information we maintain may relate to substance use disorder (SUD) diagnosis, treatment, or referral for treatment. This information may be subject to additional federal confidentiality protections under a law known as 42 C.F.R. Part 2, which provides greater privacy protections than HIPAA for certain records.

When these additional protections apply, we may be more limited in how we use or disclose this information, even for treatment, payment, or health care operations, unless you provide written consent or another legal exception applies.

☞ **Uses and Disclosures of SUD Records:**

When permitted by law, we may use or disclose SUD-related records for purposes such as treatment coordination, billing, and health care operations. However, certain uses and disclosures require your specific written consent, and you have the right to limit or revoke that consent as allowed by law.

We will not use or disclose SUD records in ways that are prohibited by federal law.

☞ **Use of SUD Records in Legal Proceedings:**

SUD treatment records and testimony about those records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless:

- You provide written consent, or
- A court issues an order authorizing the use or disclosure after you have received notice and an opportunity to be heard.

A subpoena or other legal demand alone is not sufficient to permit disclosure of these records.

☞ **Your Rights Regarding SUD Information:**

In addition to your rights under HIPAA, you may have the right to:

- Request restrictions on certain disclosures of SUD records
- Receive an accounting of disclosures of your SUD records
- File a complaint with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated

We will not retaliate against you for filing a complaint.

☞ **Notice of Potential Redisclosure:**

Information disclosed by us may be redisclosed by the recipient and may no longer be protected under HIPAA or other federal privacy laws, unless another law applies. This applies to both general health information and, where permitted by law, SUD-related information.

☞ **Changes to This Notice:**

We reserve the right to change the terms of this Privacy Notice at any time. Any changes will apply to all protected health information our practice maintains. This updated Privacy Notice is available on our website and upon request.