

DANIEL A. HIDAKA, M.D., S.C.
NOTICE OF PRIVACY PRACTICES

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.

Daniel A. Hidaka, M.D. (“we” or the “Practice”) is required by law to maintain the privacy of your health information and to give you our Notice of Privacy Practices (this “Notice”). Health information includes your individually identifiable medical, insurance, demographic and payment information. For example, it includes information about your diagnosis, medications, insurance status, medical claims history, address, and policy or social security number. This Notice describes the ways that we may use and disclose your health information. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required to follow the terms outlined in this Notice. If you have any questions, please contact our Privacy Officer whose information is provided below.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for treatment, payment and health care operations purposes without your authorization.

Treatment. We may use or disclose your health information to provide you with medical treatment or services, to coordinate or manage your healthcare, or for medical consultations or referrals. We may disclose your health information to doctors, nurses, medical students or other personnel involved in your care and treatment. We may use or disclose information about you to coordinate the different services you need, such as prescriptions, lab work, and x-rays. We may also disclose your health information to people outside the Practice who may be involved in your care, such as family members, home health agencies, therapists, pharmacists, suppliers of medical equipment or other professionals.

Payment. We may use or disclose your health information so that the services you receive may be billed and payment collected from you, an insurance company or third party payor. For example, we may send a bill to Medicare or your private insurer for payment of care, treatment or services that we provided to you. We may contact your insurance company to verify the health benefits for which you are eligible, to obtain prior authorization, and to inform it of your care to ensure that it will pay for it. We may also provide your health information to our business associates such as billing companies, claims processing companies and others that process health care claims on our behalf.

Health Care Operations. We may use and disclose health information about you for our operations. These uses and disclosures are necessary to run the Practice and ensure that all of our patients receive quality care. For example, we may use your health information to evaluate the quality of services that you received or the performance of our staff in caring for you.

Individuals Involved in Your Care. We may share your health information with family, friends and others who are involved in your care or payment for your care, unless you tell us not to. If you would like us not to, please notify our Privacy Officer, whose contact information is provided at bottom of this Notice.

Research. We may use or disclose your health information for research that has been approved by a research review board, which has evaluated the research proposal and established standards to protect the privacy of your medical information.

Organ and Tissue Donation, Coroners and Funeral Directors. We may use or disclose your health information in connection with organ donation, including disclosing such information to entities engaged in procurement, banking or transplantation of cadaveric organs, eyes or tissues for the purposes of facilitating organ, eye or tissue donation or transplantation. We may disclose your medical information to a coroner, medical examiner or funeral director as permitted by law to allow them to carry out their duties.

Public Health Activities. We may use or disclose your medical information for certain public health activities, including preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence or preventing or reducing a serious threat to health or safety. For example, we may disclose your health information to public health or legal authorities whose official activities include preventing or controlling disease, injury or disability.

Required by Law or for Law Enforcement Purposes. We may use or disclose your medical information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. For example, we may be required to report victims of abuse, neglect or domestic abuse. We will disclose your health information when ordered in a legal or administrative proceeding, such as pursuant to a lawful and valid subpoena, discovery request, warrant, summons or other lawful purpose. We may also disclose your health information for a law enforcement purpose to a law enforcement official as required by law. For example, we may disclose health information to a law enforcement official to identify or locate suspects, fugitives, witnesses or missing persons.

Victims of Abuse, Neglect or Domestic Violence. We may disclose your health information to a governmental authority, including a social service or protective services agency, authorized by law to receive such reports, if we believe that you are a victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose your medical information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections and licensure.

Judicial and Administrative Proceedings. We may disclose your health information in the course of any judicial or administrative proceeding, and in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process.

To Avert a Serious Threat to Health or Safety. We may disclose your health information when necessary to prevent a serious threat to your health or safety, or the health and safety of the public or another person. We will only disclose such information to someone reasonably able to prevent or lessen the threat, such as law enforcement or government officials. We may disclose your health information when necessary for law enforcement authorities to identify or apprehend an individual who may have caused serious physical harm in a violent crime or where it appears that an individual may have escaped from lawful custody.

Specialized Government Functions. We may use and disclose your health information for specialized government functions. For example, if you are in the military or are a veteran, we may use and disclose your medical information as required by command authorities. We may disclose your health information to authorized federal officials for national security purposes and intelligence activities, such as protecting the President of the United States.

Workers Compensation. We may disclose your health information as required by applicable workers compensation and similar laws.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written permission. We will not sell or rent your medical information. We will not use or share it for marketing purposes without your written permission. Except in limited situations, we cannot share psychotherapy notes without your written permission. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your information that occurred before you notified us of your decision to revoke your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

Right to Request Restrictions on Certain Uses and Disclosures. You may request restrictions on certain uses and disclosures of your health information for treatment, payment and operation purposes. We are not required to agree to your request, and we will notify you if we are unable to agree. Your request must be in writing. In some instances, you may choose to pay for your healthcare service entirely and fully out-of-pocket. In such instance, you may ask us not to share that information for the purpose of payment or our operations with your health insurer or payor. We will agree to this request unless we are required to share the information pursuant to law.

Right to See and Copy Your Health Record. With limited exceptions, you have the right to inspect and obtain a copy of your health information, including billing records that we have about you. If you would like to see or obtain a copy of your record, please contact our Privacy Officer who will provide you with our request form for completion. The form will also allow you to specify that a copy of your medical information be sent to another person or entity. Except in limited situations, we will provide a copy or summary of your health information within 30 days of your request. We may charge a reasonable, cost-based fee for the costs of copying, mailing and other supplies associated with the request.

Right to Request an Amendment to your Health Record or Information. You can ask us to correct medical information or a health record about you that you believe is incorrect or incomplete. We may deny your request, among other reasons, if we believe your record or the information is accurate and complete.

Right to Receive Confidential Communications. You may request to receive communications from us about your medical information via alternative means.

Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information that do not include disclosures made for payment, treatment and operations purposes. Certain other disclosures are also exempt from this requirement. Your request must be in writing and should specify the time period of the accounting. Accounting requests may not be made for periods of time in excess of six (6) years.

Right to Obtain a Copy of this Notice. You have a right to obtain a paper copy of this Notice even if you previously agreed to receive an electronic copy.

OUR DUTIES

Protecting your Medical Information. We are required by law to maintain the privacy of your health information and health record. We are also required by law to provide you with a notice of our legal duties and privacy practices.

Notification of a Breach. We are required to notify you in the event there is a breach of your unsecured health information.

Abiding by this Notice. We are required to abide by the terms of this Notice. However, we reserve the right to change this Notice, and the changes will apply to all information we have about you as well as any information we receive in the future. Upon your request, we will provide you with the most recently revised Notice. You may also contact our Privacy Officer at any time to request a copy of our current Notice. If material changes are made to this Notice, the Notice will contain an effective date for the revisions.

COMPLAINTS

If you believe that your privacy rights have been violated, you may contact our Privacy Officer or the Secretary of the U.S. Department of Health and Human Services (please see the contact information below). We will not retaliate against you if you file a complaint about our privacy practices.

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Email: OCRComplaint@hhs.gov

If you have any questions about this Notice or would like to exercise your privacy rights, please contact our Privacy Officer.

Effective Date: August 28, 2018