



NOTICE OF PRIVACY PRACTICES

Mindful Wellness Maui LLC

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.

In this notice, we use the terms “we,” “us,” and “our” to describe Mindful Wellness Maui LLC and Rebecca Gladding, MD. For more details, please refer to section IV of this notice.

I. WHAT IS “PROTECTED HEALTH INFORMATION”?

Your protected health information (PHI) is individually identifiable health information, including demographic information, about your past, present or future physical or mental health or condition, health care services you receive, and past, present or future payment for your health care. Demographic information means information such as your name, Social Security number, address, and date of birth.

PHI may be in oral, written, or electronic form. Examples of PHI include your medical record, billing records, and communications between you and your health care provider about your care. Your individually identifiable health information ceases to be PHI 50 years after your death.

Mindful Wellness Maui/Rebecca Gladding, MD may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes without your consent. Any other use or disclosure of your PHI requires you to sign an authorization permitting that use or disclosure by filling out an **Authorization to Release Records** (located on your Patient Portal). All disclosures are subject to the “Minimum Necessary” standard, meaning we are required to disclose only the minimum amount of information necessary to accomplish the purpose of the disclosure.

II. ABOUT OUR RESPONSIBILITY TO PROTECT YOUR PHI

By law, we must

1. protect the privacy of your PHI;
2. tell you about your rights and our legal duties with respect to your PHI;
3. notify you if there is a breach of your unsecured PHI; and
4. tell you about our privacy practices and follow our notice currently in effect.



III. YOUR RIGHTS REGARDING YOUR PHI

This section tells you about your rights regarding your PHI, and describes how you can exercise these rights.

❖ **Your right to access and amend your PHI**

Subject to certain exceptions, you have the right to view or get a copy of your PHI that we maintain in records relating to your care or decisions about your care or payment for your care. Requests must be in writing. After we receive your written request, we will let you know when and how you can see or obtain a copy of your record. If you agree, we will give you a summary or explanation of your PHI instead of providing copies. We may charge you a fee for the copies, summary, or explanation.

If we do not have the record you asked for but we know who does, we will tell you who to contact to request it. In limited situations, we may deny some or all of your request to see or receive copies of your records, but if we do, we will tell you why in writing and explain your right, if any, to have our denial reviewed.

If you believe there is a mistake in your PHI or that important information is missing, you may request that we correct or add to the record. Requests must be in writing, tell us what corrections or additions you are requesting, and why the corrections or additions should be made. We will respond in writing after receiving your request. If we approve your request, we will make the correction or addition to your PHI. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement.

Submit all written requests for access or amendments to:
Mindful Wellness Maui LLC
Attn: Rebecca Gladding, MD
95 E Lipoa Street, #209
Kihei, HI 96753

❖ **Your right to choose how we send PHI to you or someone else**

You may ask us to send your PHI to you at a different address (for example, your work address) or by different means (for example, fax instead of regular mail).

If the cost of meeting your request involves more than a reasonable additional amount, we are permitted to charge you our costs that exceed that amount.

❖ **Your right to an accounting of disclosures of PHI**

You may ask us for a list of our disclosures of your PHI. To obtain an accounting, please contact Dr. Rebecca Gladding at 95 E Lipoa Street, #209, Kihei, HI 96763. You are entitled to one disclosure accounting in any 12-month period at no charge. If you request any additional accountings less than 12 months later, we may charge a fee.



An accounting does not include certain disclosures, for example, disclosures:

- to carry out treatment, payment, and health care operations;
- for which you have signed an authorization;
- of your PHI to you;
- to persons involved in your care and persons acting on your behalf; or
- not covered by the right to an accounting.

❖ **Your right to request limits on uses and disclosures of your PHI**

You may request that we limit our uses and disclosures of your PHI for treatment, payment, and health care operations purposes. We will review and consider your request. You may write to Dr. Rebecca Gladding at 95 E Lipoa Street, #209, Kihei, HI 96763 for consideration of your request.

We are not required to agree to your request, except to the extent that you request a restriction on disclosures to a health plan or insurer for payment or health care operations purposes and the items or services have been paid for out of pocket in full. However, we can still disclose the information to a health plan or insurer for the purpose of treating you. For requests to restrict your PHI for payment or health care operations purposes, please request the restriction prior to receiving services at the medical office where you receive your care.

If the services are not paid for in full and out of pocket by you or by someone on your behalf, we do not have to agree to your request to restrict uses or disclosures of PHI for health care operations, payment, or treatment purposes. We will consider all submitted requests and, if we deny your request, we will notify you in writing.

You have a right to receive a paper copy of this notice upon request.

IV. MINDFUL WELLNESS MAUI LLC ENTITIES SUBJECT TO THIS NOTICE

This notice applies to the Mindful Wellness Maui LLC, Dr. Rebecca Gladding, our website and mobile applications.

V. HOW WE MAY USE AND DISCLOSE YOUR PHI

Your confidentiality is important to us. We are required to maintain the confidentiality of the PHI of our patients, and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. Sometimes we are allowed by law to use and disclose certain PHI without your written permission. We briefly describe these uses and disclosures below and give you some examples.



How much PHI is used or disclosed without your written permission will vary depending, for example, on the intended purpose of the use or disclosure. Sometimes we may only need to use or disclose a limited amount of PHI, such as to send you an appointment reminder or to confirm your identity. At other times, we may need to use or disclose more PHI, such as when we are providing medical treatment.

- **Treatment:** This is the most important use and disclosure of your PHI. For example, our staff involved in your care, use and disclose your PHI to diagnose your condition and evaluate your health care needs. Our personnel will use and disclose your PHI in order to provide and coordinate the care and services you need: for example, prescriptions, X-rays, and lab work. If you need care from health care providers who are not part of Mindful Wellness Maui LLC, such as your primary care provider, therapist or specialists, we may disclose your PHI to them.
- **Payment:** Your PHI may be needed to permit us to bill and collect payment for treatment and health-related services that you receive. For example, we may have an obligation to disclose your PHI to your health plan in order to obtain payment. We may also disclose your PHI to third parties for collection of payment.
- **Health care operations:** We may use and disclose your PHI for certain health care operations, for example, quality assessment and improvement, training and evaluation of health care professionals, licensing, accreditation, credentialing, and other business activities that are part of providing health care.
- **Business associates:** We may contract with business associates to perform certain functions or activities on our behalf, such as payment and health care operations. These business associates must agree to safeguard your PHI.
- **Appointment reminders:** We may use your PHI to contact you about appointments for treatment or other health care you may need.
- **Identity verification:** We may photograph you for identification purposes, storing the photo in your medical record. This is for your protection and safety, but you may opt out. Specific types of PHI: There are stricter requirements for use and disclosure of some types of PHI, for example, drug and alcohol abuse treatment records. However, there are still circumstances in which this information may be used or disclosed without your authorization.
- **Communications with family and others when you are present:** Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. If you object, please tell us and we won't discuss your PHI or we will ask the person to leave.
- **Communications with family and others when you are not present or incapacitated/emergency situations:** There may be times when it is necessary to disclose your PHI to a family member or other person involved in your care because there is an emergency, you are not present, or you lack the decision making capacity to agree or object. In those instances, we will use our professional judgment to determine if it's in your best interest to disclose your PHI. If so, we will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care.



- Disclosures to parents as personal representatives of minors: In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are permitted or even required by law to deny your access to your minor child's PHI. Examples of when we may deny such access include certain situations involving family planning services, sexually transmitted diseases, HIV, ARC or AIDS, and alcohol or substance abuse treatment.
- Health oversight: As health care providers, we are subject to oversight conducted by federal and state agencies. These agencies may conduct audits of our operations and activities and in that process, they may review your PHI.
- Workers' compensation: We may use and disclose your PHI in order to comply with workers' compensation laws. For example, we may communicate your medical information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for workers' compensation benefits.
- Military activity and national security: We may sometimes use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose your PHI to authorized federal officials as necessary for national security and intelligence activities or for protection of the president and other government officials and dignitaries.
- Required by law: In some circumstances, federal or state law requires that we disclose your PHI to others. For example, the secretary of the Department of Health and Human Services may review our compliance efforts, which may include seeing your PHI.
- Lawsuits and other legal disputes: We may use and disclose PHI in responding to a court or administrative order, a subpoena, or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.
- Law enforcement: We may disclose PHI to authorized officials for law enforcement purposes, for example, to respond to a search warrant, report a crime on our premises, or help identify or locate someone.
- Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive information. The disclosure will be made for the purpose of controlling disease, injury or disability, benefit programs, other government regulatory programs and civil rights laws.
- Serious threat to health or safety: We may use and disclose your PHI if we believe it is necessary to avoid a serious threat to your health or safety or to someone else's.
- Abuse or neglect: By law, we may disclose PHI to the appropriate authority to report suspected child abuse or neglect or to identify suspected victims of abuse, neglect, or domestic violence.
- Coroners and funeral directors: We may disclose PHI to a coroner or medical examiner to permit identification of a body, determine cause of death, or for other official duties. We may also disclose PHI to funeral directors.
- Inmates: Under the federal law that requires us to give you this notice, inmates do not have the same rights to control their PHI as other individuals. If you are an inmate of a

Rebecca Gladding, MD
Medical Director

233 S Market Street
Wailuku, HI 96793



95 E Lipoa Street #209
Kihei, HI 96753

T: 808-740-8425
F: 844-729-4773

correctional institution or in the custody of a law enforcement official, we may disclose your example, to protect your health or safety or someone else's.

VI. HOW TO CONTACT US ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice, or want to lodge a complaint about our privacy practices, please let us know by calling or writing to: Dr. Rebecca Gladding at 95 E Lipoa Street, #209, Kihei, HI 96763, 808-740-8425. You also may notify the secretary of the Department of Health and Human Services. We will not take retaliatory action against you if you file a complaint about our privacy practices.

VII. CHANGES TO THIS NOTICE

We may change this notice and our privacy practices at any time, as long as the change is consistent with state and federal law. Any revised notice will apply both to the PHI we already have about you at the time of the change, and any PHI created or received after the change takes effect. If we make an important change to our privacy practices, we will promptly change this notice. Except for changes required by law, we will not implement an important change to our privacy practices before we revise this notice.

IX. EFFECTIVE DATE OF THIS NOTICE: This notice is effective on December 15, 2017.