

**Aloha Allergy & Immunology, LLC**  
**1329 Lusitana Street, Suite 603 Honolulu, HI 96813**  
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**To Our Patients:**

Below is information about “Notice of Privacy Practices” information. Recently, the Federal Government issued new regulations that provide national standards that all physicians, hospitals, other health care providers and health insurance plans must comply with to ensure the privacy of health information.

The regulations require that we provide you with a “Notice of Privacy Practices”. In this notice, we have outlined the ways in which the law permits us to use or disclose health information about you. The notice also contains information on your rights under these privacy regulations and how you may exercise those rights.

Please be assured that we have always taken measures to protect the privacy of our patients’ health information and we will continue this commitment under these new regulations.

If you have any questions about the attached notice, please notify our office.

Thank you,  
Marina Ostroukhova, MD

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**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**

Physicians have always taken measures to ensure the confidentiality of health information about patients. A federal regulation, known as the “Privacy Rule”, now provides the first comprehensive national standards that are designed to protect the privacy of health information. “Protective health information” is information about you, including demographic information that identifies you and that relates to your past, present, or future health or condition and the provision of health care services to you.

We are required to provide our patients with information about our legal duties and our privacy practices regarding protected health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights regarding your health information and how you can exercise those rights.

We are required to abide by the terms of this notice. We reserve the right to make changes to this notice and to make such changes effective for all protected health information that we maintain

about you. If and when this notice is revised, we will post a copy in our waiting room. You may obtain a copy of the revised Notice by requesting a copy at the time of your appointment or calling out office and requesting that it will be mailed to you.

## **REQUIRED USES AND DISCLOSURES**

Under the law, we must make disclosures to you, upon your request. We must also make disclosures to the U.S. Department of Health and Human Services if required to investigate or determine our compliance with the requirements of federal law.

## **USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The following categories describe the ways we may use and disclose protected health care information for treatment, payment, and health care operations. These uses and disclosures are permitted without your authorization. The examples included with each category do not list every type of use or disclosure that may fall within that category.

**TREATMENT:** We will use and disclose your protected health information to provide, coordinate, or manage health care and any related services. For example, if we refer you to other physicians for health care services, your protected health information may be provided to those physicians so that they have the necessary information to diagnose or treat you.

**PAYMENT:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, your health plan may require submitting for pre-approval, medical information to support the need for certain tests or procedures that we feel are necessary to diagnose and treat you.

**HEALTHCARE OPERATIONS:** We may use or disclose as needed, your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office as part of a medical training program.

In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name, time of arrival, and indicate which physicians you are here to see. We may also call you by name in the waiting room when your physician is ready to see you. We may contact you by telephone or mail to remind you of your appointment.