Notice of Privacy Practices

KEĀNUENUE PEDIATRICS

This notice describes how medical information about you, or your child, may be used and disclosed, and how you can get access to this information. Please review it carefully.

EFFECTIVE DATE	LOCATION	PRIVACY OFFICER
1/1/2026	Honolulu, HI	Jasmine Waipa, MD

Your Rights

When it comes to your health information, you have certain rights. This section explains those rights and some of our responsibilities.

- **Get an electronic or paper copy of your medical record.** You can ask to see or get a copy of your child's health record. We will provide it, usually within 30 days, and may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record.** You can ask us to correct information you believe is incorrect or incomplete. We may say no, but we will explain why in writing within 60 days.
- **Request confidential communications.** You can ask us to contact you in a specific way (for example, a different phone number) or send mail to a different address. We will accommodate all reasonable requests.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or operations. We are not required to agree if it would affect your child's care. If you pay out-of-pocket in full for a service, we will honor your request not to share that information with your health insurer, unless the law requires it.
- **Get a list of those with whom we've shared information.** You can request an accounting of disclosures made in the six years prior to your request. This excludes disclosures for treatment, payment, and operations. The first accounting each year is free; additional requests within 12 months may incur a reasonable fee.
- **Get a copy of this notice.** You can request a paper copy at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** If you have given someone medical power of attorney, or if someone is your child's legal guardian, that person can exercise these rights on your child's behalf. We will verify this authority before taking action.
- **File a complaint.** You can file a complaint with our practice using the contact information on this notice, or with the U.S. Department of Health and Human Services Office for Civil Rights by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your preferences. If you have a clear choice for how we share your information in the situations below, let us know and we will follow your instructions.

You have the right and choice to tell us whether we may:

- Share information with family, close friends, or others involved in your child's care.
- Share information in a disaster relief situation.
- Include your child's information in a facility directory.

If a parent or guardian is not available to state a preference, we may share relevant information if we believe it is in the child's best interest, or when needed to lessen a serious and imminent threat to health or safety.

We will never share the following without your written permission:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

How We May Use and Disclose Health Information

We may use and disclose PHI without written authorization for the following purposes:

- **Treat you:** we can use your child's health information and share it with other professionals treating your child, including specialists, laboratories, pharmacies, and the Hawai'i Immunization Registry for VFC vaccine administration.
- **Run our organization:** we can use and share health information to run our practice, improve care, and contact you when necessary, such as for quality assessment and staff training.
- **Bill for services:** we can use and share health information to bill and collect payment from health plans, Medicaid/QUEST, or you directly.
- **Help with public health and safety issues:** such as preventing disease, reporting adverse medication reactions, reporting suspected abuse or neglect, and reducing a serious threat to health or safety.
- **Do research:** we can use or share information for health research, when permitted under a waiver or specific authorization.
- **Comply with the law:** we will share information if state or federal law requires it, including demonstrating compliance to HHS.
- **Respond to organ and tissue donation requests** and work with a medical examiner or funeral director when necessary.
- **Address workers' compensation, law enforcement, and other government requests**, including health oversight activities and special government functions.
- **Respond to lawsuits and legal actions**, such as court orders, administrative orders, or subpoenas.

Any other use or disclosure of PHI will only be made with your written authorization, which you may revoke at any time, except to the extent we have already relied on it.

Redisclosure Notice

Information we disclose pursuant to this notice may be redisclosed by the recipient and, once redisclosed, may no longer be protected by federal privacy law.

Special Protections for Substance Use Disorder (SUD) Records

If Keānuenue Pediatrics creates or maintains any patient records related to substance use disorder treatment that are subject to 42 CFR Part 2 (for example, records related to adolescent substance use treatment or referral), those records receive heightened confidentiality protections beyond standard HIPAA protections:

- SUD/Part 2 records generally **cannot be disclosed** without your specific written consent, even for some purposes otherwise permitted under HIPAA.
- SUD/Part 2 records **cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings** against the individual unless there is written consent or a court order issued after notice and an opportunity for the individual (or record holder) to be heard.
- Part 2 is treated as "other applicable law" that is more stringent than HIPAA, and Part 2 rules control whenever they are stricter than HIPAA's general rules.

> This section satisfies the compliance deadline established by the HHS Office for Civil Rights for aligning Notices of Privacy Practices with the 2024 Part 2 Final Rule.

Note on Reproductive Health Privacy Provisions

The 2024 HIPAA Privacy Rule originally required additional Notice language addressing reproductive health care privacy. A federal court vacated those reproductive health provisions nationwide in 2025, and covered entities are not required to include this language in their current Notice.

> This Notice reflects that vacatur and does not include reproductive health-specific disclosure restrictions beyond standard HIPAA protections.

Uses Requiring Your Written Authorization

We will obtain your written authorization before using or disclosing PHI for:

- Most uses and disclosures of psychotherapy notes, where applicable.
- Marketing communications.
- Sale of PHI.
- Any purpose not described in this Notice.

Fundraising Communications

If Keānuenue Pediatrics contacts you for fundraising purposes, you have the right to opt out of receiving such communications, and we must honor that request.

Minors and Confidential Services

Hawai'i law permits minors to independently consent to certain confidential health services (for example, treatment related to sexually transmitted infections, substance use, or reproductive health in specified circumstances). When a minor has independently consented to such care, that information may be withheld from a parent or guardian consistent with Hawai'i law and professional judgment, even though the parent otherwise acts as the minor's personal representative under HIPAA.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us in writing that we can. You may change your mind at any time by notifying us in writing.

Changes to This Notice

We reserve the right to change this Notice and to make the revised Notice effective for all PHI we maintain. Updated notices will be posted prominently at our office and on our patient portal/website.

Contact Information

Jasmine Waipa, MD, Privacy Officer

PRACTICE	Keānuenue Pediatrics
ADDRESS	615 Pi'ikoi St. Suite 1501, Honolulu, HI 96814
PHONE	808-600-2180
FAX	808-600-2199
EMAIL	aloha@keanuenuepediatrics.com

You may also contact the U.S. Department of Health and Human Services, Office for Civil Rights, at 200 Independence Avenue, S.W., Washington, D.C. 20201, or www.hhs.gov/ocr/privacy/hipaa/complaints/.