REIS PEDIATRICS
KAILUA PROFESSIONAL CENTER I | 30 AULIKE ST, SUITE 500, KAILUA, HI 96734 | 808.263.8822
WWW.REISPEDIATRICS.COM

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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, "you" means the patient. **For patients under 18,** a parent or legal guardian generally exercises these rights on the child's behalf, except where Hawaii or federal law allows a minor to consent to certain services on their own. **Patients 18 and older** exercise these rights themselves; parents do not have automatic access unless the patient gives permission, or the parent is a legal guardian or holds a medical power of attorney.

Your Rights

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

Get an electronic or paper copy of your medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record. You can ask us to correct health information that you think is incorrect or incomplete. We may say "no," but we will tell you why in writing within 60 days.

Request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to 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 our operations. We are not required to agree, and we may say "no" if it would affect your care. If you pay for a service or item out-of-pocket in full, you can ask us not to share that information with your health insurer for payment or operations. We will say "yes" unless a law requires us to share it.

Get a list of those with whom we've shared information. You can ask for a list (accounting) of the times we've shared your health information for six years before the date you ask, who we shared it with, and why. We will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We provide one accounting a year for free but will charge a reasonable, cost-based fee for another within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide a paper copy promptly.

Choose someone to act for you. If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority before we take any action.

File a complaint if you feel your rights are violated. You can complain to us using the contact information at the end of this notice. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter 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 choices about what we share. If you have a clear preference for how we share your information in the situations below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

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

Fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

Treat you. We can use your health information and share it with other professionals who are treating you. Example: Your child's doctor shares information with a specialist your child is referred to.

Run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information to manage your child's treatment and services.

Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Help with public health and safety issues,** such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety. This includes reporting immunizations to the Hawaii Immunization Registry as permitted by law.
- **Do research.** We can use or share your information for health research.
- **Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- **Respond to organ and tissue donation requests.**
- **Work with a medical examiner or funeral director** when an individual dies.

- **Address workers' compensation, law enforcement, and other government requests,** including health oversight agencies and special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions,** in response to a court or administrative order, or in response to a subpoena.

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 we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Who This Notice Applies To

This Notice of Privacy Practices applies to Reis Pediatrics at the following locations:

- 30 Aulike Street, Suite 500, Kailua, HI 96734
- 46-001 Kamehameha Highway, Suite 220, Kaneohe, HI 96744

Privacy Officer / Contact

If you have questions about this notice or want to exercise any of your rights, contact:

Alana Carr, Privacy Officer
Reis Pediatrics, 30 Aulike Street, Suite 500, Kailua, HI 96734
Phone: 808-263-8822 • Fax: 808-261-6749
Email: manager@reispediatrics.com

Notice effective: June 30, 2026 (replaces notice effective March 14, 2018)