

Overview

You Have the Right to:

- Obtain a copy of your health record
- Ask me to limit the information I share
- Request confidential communication
- Amend your health record
- Obtain a list of those with whom I've shared your information
- Obtain a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated
- Notification by me of any changes to my health information practices

We May Use & Share Your Information to:

- Assist in treating you
- Bill for services provided
- Comply with the law

We are Required to:

- Maintain the privacy and security of your health information
- Inform you if a breach occurs that may have compromised the privacy or security of your information
- Provide you with a notice of our legal duties and privacy practices regarding the information to collect and maintain about you
- Abide by the terms of this notice
- Notify you by mail, upon your request, if our information practices change
- Obtain your written authorization for any uses or disclosures of your Private Health Information (PHI) not described by this notice. You may revoke the authorization at any time, except to the extent that action has already been taken.

Amanda S. Armstrong, PhD, Inc
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Amanda S. Armstrong, PhD, Inc

Notice of Privacy Practices

for Protected Health Information (PHI)



This notice describes how Private Health Information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice tells you about your privacy rights, the duties of Amanda S. Armstrong, PhD, Inc., to protect Private Health Information (PHI) that identifies you, and how I may use and disclose such information that identifies you without your permission.

How to Exercise Your Rights:

Obtain a copy of your paper or electronic health record

- You can ask to see or obtain an electronic or paper copy of your clinical records. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with the details of the request and denial process.
- We will provide you with a copy of your clinical record within the time frame required by law. You will be informed if the delivery of your record is delayed.

Ask me to limit the information I share

- I am allowed to use your Private Health Information (PHI) for treatment, payment and healthcare operations without your consent. You can ask me to limit or not use your information for these purposes, but I am not required by law to agree to your request.
- If you pay for psychological services out-of-pocket in full, you can ask me not to share that information for the purpose of payment or healthcare operations with your health insurer. I will agree to your request unless a law requires me to share that information.

If you would like me to limit the information I share about you, let me know by talking to me or leaving a message on our answering machine at 951-5540.

Request confidential communication

- You can ask us to contact you in a specific way (for example, your cell or office phone) or to send mail to a different address than we have on record for you. I will agree to all reasonable requests.
- Because electronic communications (e.g. email, cell phone, texts) can be readily compromised, we do not use such communication tools. Leave a message on our office answering machine at 951-5540 if we are not in the office.

Amend your psychological record

- You can ask me to amend psychological information about you that you think is incorrect or incomplete, but I am not required to agree to your request. You will be notified within 30 days of your request if I do not agree what you request.

Obtain a list of those with whom we've shared your information

- You can ask us to prepare a list for you of people with whom we've shared your psychological information.
- We will provide you with a description of the information that we shared, with whom, and why.
- Under the law, we are not required to include in the list the occasions that we shared your medical information for the purposes of treatment or payment or certain

other reasons as provided by law, or when you have authorized or ask that we disclose the information.

If you would like a list of those with whom we've shared your information, let me know.

Obtain a copy of this privacy notice

- Feel free to take this copy
- If you want a copy mailed to you, please let me know.
- You may also download a copy from my website.

How to contact us or file a complaint

- Please let me know in person, or leave a message on our office answering machine at 808.951.5540.
- You may file a complaint directly with the Psychology Licensing Division of the State of Hawaii, Department of Commerce and Consumer Affairs.
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How We May Use & Share Your Information:

- Assist in your treatment: for example, I may share your test results or assessment with the health care practitioner who requests the results—if you give me written authorization to do so.
- Bill for services rendered for you: for example a bill may be sent to you or to a third party payer. The bill will include information that identifies you and the procedures which were used.
- Manage my practice, such as quality assessment and improvement activities, audits, administrative services, case management and care coordination.
- I may provide your PHI to other companies or individuals that need the information to provide services to us. These other entities, known as “business associates” are required to maintain the privacy and security of your PHI. For example, we may provide information to companies that assist us with billing of our services. We may also use an outside collection agency to obtain payment when necessary.
- Comply with the law; for example:
 - I may disclose your PHI to public health or legal authorities charge with preventing or controlling disease, injury, or disability to avert a serious threat to the health or safety of a person or the public.
 - To comply with laws relating to workers compensation or other similar programs established by law.
 - I may disclose your PHI for law enforcement purposes as require by law on in response to a valid subpoena.

We are Required to:

Maintain the privacy and security of your PHI

- Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I am required by law to maintain the privacy of PHI (Private Health Information) that identifies you, called Protected Health Information or “PHI”. I will make reasonable efforts to ensure the confidentiality of your PHI as required by statute and regulation.

Inform you if a breach occurs that may have compromised the privacy or security of your information

- I'm required to provide patient notification if I discover a breach of unsecured PHI unless there is a demonstration, based on risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach.

Provide you with a notice of my legal duties and privacy practices regarding the information I collect and maintain about you

- I am required to provide you with this notice of our legal duties and privacy practices. You may pick up a copy of this brochure, or request one be mailed to you, at any time. You may also access a copy on my website.

Abide by the terms of this notice

- I am required by law to maintain the privacy of your PHI and to abide by all the terms of this notice.

Notify you by mail, upon your request, if my PHI practices change

- I may change the content of this notice of privacy practices at any time due to operational or regulatory requirements. The changes will apply to all information I have about you. Whenever changes are made to this notice of privacy practices, they will be posted in the office and on my website. If you wish to have a copy mailed to you, contact the office at 808-951-5540.

Obtain your written authorization for any uses or disclosures of your private (PHI) information not described in this notice. You may revoke the authorization at any time, except to the extent that action has already been taken.

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