



Kihei-Wailea Medical Center

MEDICATION POLICY

Our medication policy is intended to ensure correct prescription refills in a timely manner.

The medication refill line is checked Monday through Friday throughout the day. Requests made on Friday after 12pm will be addresses the following Monday. Allow 48 hours to process your refill request. **Be proactive about reilling your medicaitions and call us when you are running low.**

Do not wait until you are completely out. Using this line is the fastest way to get your medications.

Call 270-0444

- **First and Last name**
 - **Date of birth**
 - **Phone number**
 - **Medication name(s)**
 - **Desired pharmacy**
 - **Prescribing physician's name**
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- Do not give away or sell your medication as this is a federal offense and can be punishable by fine and/or imprisonment.
 - Scheduled controlled medications, including, but not limited to, Vicodin, morphine and Xanax, may only be renewed by your prescribing physician.
 - All lost or stolen medications should be reported to your physician immediately.
 - All stolen scheduled controlled medications must be reported to the police and a copy of the police report must be presented to your physician before early renewal refills are considered.
 - Any medication renewal is up to the discretion of your prescribing physician.
 - Medications are refilled Monday thru Friday OLY and will require 48 hours to process.

CANCELLATION POLICY

We request at least 24 hour notice if you cannot keep your scheduled appointment. A \$25 office charge will be assessed if you do not show up to a scheduled appointment without notification.



Kihei-Wailea Medical Center

OFFICE POLICY

Kihei-Wailea Medical Center does not accept new Automobile Accident, Third Party Liability or Worker's Compensation claims due to the complexity of these cases. An established patient may ask for an exception and an approval must be obtained from their physician before healthcare is provided. Approvals are determined at the discretion of the physician.

Report the accident immediately to your car insurance agent, employer, or the property/store manager where the accident/injury occurred, and ask for the insurance company information. They should be able to direct you to a participating physician.

If a claim is accepted, we will need the following information:

Automobile Accident/No Fault claim

1. Automobile insurance card.
2. Claim number.
3. Name of insurance adjustor or person handling your claim and their phone number.
4. Other documentation related to your case such as police or accident reports.

Third Party Liability claim

1. The patient must pay in full at the time of service for any/all charges incurred.

*A third party liability claim is defined as an injured person who holds another party responsible for their injury.

Worker's Compensation claim

1. WC1 or name of the insurance company, their phone number and the work comp claim number.
2. Name phone number of the person to whom the accident/injury was reported.
3. A completed Industrial Accident form.

Disclaimer:

An administration fee of \$150.00 per visit will be assessed to the patient if they fail to inform Kihei-Wailea Medical Center that their visit is related to an Automobile Accident, Third Party Liability, or a Worker's Compensation claim before being seen by our Physician or Physician Assistant.

It is the responsibility of the patient to pay for any/all charges that their insurance does not cover.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can access your information. Please review it carefully.

Updated on Thursday, March 3, 2011 and remains in effect until we replace it.

1. OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

The privacy of your medical information is important to us. We acknowledge that your medical information is of a personal matter and we are not only obligated to keeping it private, but we are adamant about keeping it private. The medical information contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care. This notice will inform you of the ways we may use and disclose medical information about you. We are required by law to inform you of your rights and certain obligations we have concerning the use and disclosure of medical information.

2. OUR LEGAL DUTY

Law requires us to:

- a) Keep information we collect about you private.
- b) Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- c) To follow the conditions of the notice that is now in effect.

We have the right to:

- a) Change this notice at any time as allowed by law.
- b) Make changes in our privacy practices and the terms of our notice concerning all medical information that we already have as well as to such information that we may obtain/generate in the future.

Notice of change to privacy practices:

- a) Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USES AND DISCLOSURE OF YOUR INFORMATION

The following section describes different ways that we use and disclose your medical information. Not every use or disclosure will be listed. However, we have listed all the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purposes not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked in writing by you at any time.

For treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, and/or other people directly involved in your care. We may also share medical information about you to your other health care providers to assist them in treating you.

For business operations: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need in order to serve you.

For payment: We may use and disclose your medical information for payment purposes. For example, we may send your health insurer a bill for our services that explains what treatment was given and why.

Notification: We may disclose your medical information to family members, friends, or other persons you identify to the extent that is necessary to their involvement with your care, or let them know about where you are and your condition. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Disaster Relief: We may use or disclose your medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Public Health Safety: We may use or disclose your medical information as necessary to prevent or reduce a serious health threat to the health and safety of a person or the public. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacement, to track products, or to conduct activities required by the Food and Drug Administration.

Funeral Director, Coroner, and Medical Examiner: To help them carry out their duties, we may share the medical information to coroners or medical examiners and funeral directors after you are deceased.

Research in Limited Circumstances: We may use or disclose your medical information to perform research in limited circumstances where the research has been approved by a review board and a research proposal and established protocols are implemented to ensure the privacy of medical information.

Specialized Government Function: Required by law, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and other government officials, for medical determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial and Administrative Proceedings: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. We may share limited information with law enforcement officials concerning the medical information of a suspect, fugitive, material witness, crime victims or missing person. We may share medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances. Under limited circumstances, such as court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials.

Fundraising: We may provide medical information to one of our affiliated fundraising foundations to contact you for fundraising purposes. We will limit our use and sharing of information that describes you in general terms, not personal, and the dates of your health care.

Law enforcement: Under certain circumstances, we may disclose health information to law enforcement officials. Examples of such releases would be for law enforcement or national security reasons, subpoenas or other court orders, reporting limited information concerning identification and location, reports regarding suspected victims of crimes, death, crimes on our premises, and crimes in emergencies at the request of law enforcement officials.

Worker's Compensation: We may disclose health information to the extent authorized and to the extent necessary to comply with laws relating to worker's compensation or other similar programs.

Health Oversight Activities: We may disclose medical information for oversight activities authorized by law, including adult, civil, administrative, or criminal investigations or proceedings, inspections, licensure, or disciplinary actions, or other authorized activities.

Victims of Abuse, Neglect, or Domestic Violence: We may share your information if it is necessary to prevent a serious threat to your health or safety, or the health and safety to others. We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

3. YOUR INDIVIDUAL RIGHTS

You have the right to:

- a) In most cases, you have the right to look at or get copies of your medical information. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a signed letter with picture ID to confirm signature to the medical records custodian listed at the end of this notice. If you request copies, we will charge you \$0.75 for each page, and postage if you want the copies mailed to you.
- b) Ask for a list of certain disclosures made after March 3, 2011. The list will not include information provided directly to you or your family, or information that was sent with your permission. It will not include information released without your name and other information that would identify you.

- c) Ask for limits on how your medical information is used or disclosed. We are not required to agree to such requests, but may do so if we believe it is reasonable.
- d) Request that we communicate with you about your medical information in a certain way or in a certain place. Your request must be made in writing to the contact person/medical records custodian listed at the end of this notice.
- e) Request that we change your medical information. We may deny your request for certain reasons. If we deny your request, we will provide you a written explanation for our denial. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of the information.
- f) If you wish to receive a paper copy, you may request it in writing to the Privacy Officer at your office.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice, or if you believe that we have not properly respected the privacy of your medical information, please contact us. The contact information is listed at the end of this notice. You may also file a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

CONTACT INFORMATION

If you have any other questions, you may contact KIHEI-WAILEA MEDICAL CENTER's

Operational Director: Joel M. Krause
PH 808-874-8100 ext. 191.
Kihei-Wailea Medical Center
221 Piikea Ave., Ste.A
Kihei, HI 96753

Custodian of medical records: Davie Posas
PH 808-874-8100 ext. 173
FX 808-874-6887
Kihei-Wailea Medical Center
221 Piikea Ave., Ste. A
Kihei, HI 96753

Medical record request forms can also be retrieved on our website: www.kiheiwaileamedicalcenter.com

U.S. Department of Health and Human Services
300 Ala Moana Blvd # 5137
Honolulu, HI 96850-5137
(808) 541-2913

This privacy practices notice was updated on March 3, 2011 and will remain in effect until we replace it.

