GBH
Gino Behavioral Health
808.450.3010
http://ginoclinic.com

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 READ IT CAREFULLY.

Gino Behavioral Health (GBH) is committed to protecting the privacy and confidentiality of your health information. Federal law requires us to maintain the privacy of your protected health information (PHI) and to provide you with this Notice explaining our legal duties and privacy practices.
Your information is protected under the following laws:

- Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164
- Confidentiality of Substance Use Disorder Patient Records, 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2
- The Health Information Technology for Economic and Clinical Health (HITECH) Act

Recent federal rule updates effective **April 16, 2024** align the confidentiality protections of **42 CFR Part 2 with HIPAA privacy standards while maintaining enhanced protections for substance use disorder treatment records.** Compliance with these updates is required by **February 16, 2026.**

Gino Behavioral Health will follow the terms of this Notice and will not use or disclose your protected health information without your consent except as described in this Notice or as required by law.

Typically, your medical record contains:

- Symptoms
- Assessments and test results
- Diagnoses
- Treatment plans
- Progress notes
- Future treatment planning

This information serves as:

- A basis for planning your treatment with providers at GBH
- A means of communication among health professionals involved in your care

- A legal record describing the services you received
- A method for verifying services billed to insurance or other payers
- A source of information for public health authorities
- A tool to assess and improve the quality of services provided by GBH

Understanding what is in your record and how your health information is used helps you:

- Ensure the accuracy of your records
- Understand who may access your information
- Make informed decisions about disclosures of your information

Your Rights Regarding Your Health Information
You have the following rights regarding your protected health information:

Obtain a Copy of This Notice
You may request a copy of this Notice of Privacy Practices at any time.

Request Restrictions
You have the right to request restrictions on certain uses or disclosures of your health information. GBH is not required to agree to a requested restriction but will consider reasonable requests.

Inspect and Obtain Copies of Your Health Record
You have the right to inspect and obtain a copy of your health record for as long as GBH maintains the record. GBH may charge a reasonable fee for copying, mailing, or supplies associated with fulfilling your request. If access is denied in limited circumstances, you may request a review of that decision.
You may also request that your records be provided in electronic format when available.

Request Amendments to Your Record
If you believe information in your health record is incorrect or incomplete, you may request an amendment. Requests must be submitted in writing and include the reason for the requested amendment. GBH may deny the request in certain circumstances. If denied, you have the right to submit a statement of disagreement.

Receive an Accounting of Disclosures
You have the right to receive a list of certain disclosures of your health information made by GBH.

Request Confidential Communications
You may request that GBH contact you through alternative means or at alternative locations.

For example, you may request communication only by mail or to a different mailing address.
GBH will accommodate reasonable requests.

Revoke Authorization
You may revoke any authorization to use or disclose your information at any time in writing, except where action has already been taken based on the authorization.

Breach Notification
If your protected health information is compromised in a data breach, you will be notified within 60 days of discovery, in accordance with federal law.

GBH's Responsibilities:

Gino Behavioral Health is required to:

- Maintain the privacy of your health information
- Provide you with this Notice of Privacy Practices
- Follow the terms of this Notice
- Notify you if we cannot agree to a requested restriction
- Notify you if a breach occurs involving your protected health information.

How we may use and disclose your protected health information:

GBH may use and disclose your protected health information for the following purposes.

GBH will use your information for treatment:
For example: Information you share with GBH's treatment staff will be entered into your record and used to determine the course of treatment that should work best for you. Response to treatment will be recorded to help individualize your treatment.

GBH will use your information for payment:
For example: A bill may be sent to a third party payer (your insurance). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and treatment.

GBH will use your information for day-to-day program operations:
For example: GBH staff may use information in your health record to assess the GBH treatment results in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide. We may also contact you for appointment reminders or follow-up.

GBH may use your information for appointment reminders, treatment alternatives and health related benefits and services:
GBH may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell

you about treatment alternatives or health-related benefits and services that may be of interest to you.

Other uses and disclosures:

As Required by Law - We will disclose Health Information when required to do so by international, federal, State, or local law.

To Avert a Serious Threat to Health or Safety - We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates - We may disclose Health Information to our business associates who perform functions on our behalf or provide us with services, if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation - If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans - If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation - We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks - We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority, if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities - We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes - We may use or disclose your Protected Health Information to provide you with legally required notices of unauthorized access to or disclosure of your health information, in accordance with the HIPAA Breach Notification Rule and applicable Hawaii State laws..

Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement - We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors - We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities - We may release Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others - We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons, foreign heads of state, or to conduct special investigations.

Inmates or Individuals in Custody - If you are an inmate in a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your

health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Substance Use Disorder Treatment Records (42 CFR Part 2)

Records that identify you as receiving **substance use disorder treatment** are protected by federal law.

In most circumstances these records **cannot be disclosed without your written consent.**

Exceptions may include:

- Medical emergencies
- Court orders meeting federal standards
- Public health reporting requirements
- Audits or program evaluations authorized by law

Only the **minimum necessary information** will be disclosed when permitted.

Updated Consent Rules (2024 Federal Update)

Under updated federal regulations:

- A **single consent form may authorize multiple disclosures** for treatment, payment, and operations
- Consent may remain valid indefinitely unless revoked
- Patients have the right to revoke consent at any time in writing

Redisclosure Prohibition

Federal law prohibits unauthorized redisclosure of substance use treatment information.

Any disclosure made with your consent must include the following notice:

"This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure unless expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by law."

Uses and Disclosures That Require GBH to Give You an Opportunity to Object and Opt Out

Individuals Involved in Your Care or Payment for Your Care - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief - We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your Written Authorization is Required for Other Uses and Disclosures.
The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization; however disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

For more information or to report a problem:

If you have questions and would like additional information, you may contact the Compliance Officer at 808-375-9867 and 1188 Bishop St. Honolulu, HI 96813.

If you believe your privacy rights have been violated, you can file a written complaint to the Compliance Officer at 808-375-9867 or with the United States Department of Health and Human Services – Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201. There will be no retaliation for filing a complaint.

State & Federal Laws:
Some of the restrictions described in the Notice may be limited in some cases by applicable state or federal laws that are more stringent than the standards described in this Notice.

This Notice is in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule effective April 14, 2003; the HIPAA Omnibus Rule effective March 26, 2013; the Health Information Technology for Economic and Clinical Health (HITECH) Act breach notification requirements; and the 42 CFR Part 2 Final Rule published in 2024 aligning substance use disorder confidentiality protections with

HIPAA privacy standards. These updates reflect federal privacy regulations currently in effect, with full compliance required by February 16, 2026.

Client/Legal Guardian Signature

Signed:_____ printed name:_____ Date: _____