

## **NOTICE OF PRIVACY PRACTICES**

**Effective Date:** February 16, 2026

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**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.**

If you have any questions about this Notice, please contact our Privacy Officer listed below.

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### **1. Introduction**

Your privacy is important to us. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your protected health information (“PHI”) to carry out treatment, payment, and health care operations and for other purposes that are permitted or required by law. It also describes your rights regarding your PHI and our legal obligations with respect to your PHI.

PHI is information that identifies you and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for that care.

To promote continuity and quality of care, we maintain an integrated electronic health record (“EHR”). Information created or received during your care may be shared among authorized members of our workforce and other health care providers involved in your treatment, payment, or health care operations, as permitted by law.

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### **2. Who Must Follow This Notice**

This Notice applies to all members of our workforce and operations, including:

- All departments and units of the practice
  - Physicians, advanced practice providers, nurses, medical assistants, embryology and andrology laboratory personnel
  - Employees, trainees, students, fellows, contractors, and volunteers
  - Any health care professional authorized to document or access your medical or billing records
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### **3. Our Legal Duties**

We are required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of our legal duties and privacy practices
- Abide by the terms of this Notice currently in effect
- Notify you following a breach of unsecured PHI as required by law

We reserve the right to change this Notice at any time. Any revised Notice will apply to all PHI we maintain, including information created before the change. The current Notice will be posted in our office and on our website, and you may request a paper copy at any time.

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#### **4. How We May Use and Disclose Your PHI**

The following categories describe ways we may use and disclose PHI. Not every use or disclosure is listed.

##### **a. Treatment**

We may use and disclose your PHI to provide, coordinate, or manage your health care. This includes sharing information with physicians, nurses, laboratories, pharmacies, and other providers involved in your care.

**Genetic Information:** We do not use or disclose genetic information for underwriting or insurance eligibility purposes and will not disclose genetic information without proper authorization, except as permitted or required by law.

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##### **b. Payment**

We may use and disclose PHI to bill for services and obtain payment from health plans, insurers, or third parties. This may include eligibility determinations, claims management, utilization review, and collections.

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##### **c. Health Care Operations**

We may use and disclose PHI for operations necessary to run our practice, including quality assessment, performance evaluation, training, accreditation, compliance, risk management, and business planning. De-identified information may be used for analysis and improvement efforts.

We may share PHI with other providers or health plans for their operational activities when legally permitted and when you have or had a relationship with them.

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##### **d. Education and Training**

We may disclose PHI to students, trainees, and health care professionals for teaching and training purposes, consistent with applicable law and confidentiality safeguards.

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##### **e. Appointment Reminders and Care Coordination**

We may contact you by phone, text, email, patient portal, or other reasonable means to remind you of appointments, follow-up care, or to coordinate treatment.

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#### **f. Treatment Alternatives and Health-Related Services**

We may use PHI to inform you about treatment options, alternatives, or health-related services that may be relevant to your care.

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#### **g. Research**

We may use or disclose PHI for research purposes when allowed by law. In most cases, written authorization is required. Limited review of PHI may occur to prepare for research, provided the information does not leave our facility.

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#### **h. Reproductive and Assisted Reproductive Technology (ART) Services**

If you undergo assisted reproductive technology procedures, certain data may be reported to national registries and public health authorities as required by law. These entities are subject to strict confidentiality protections.

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### **5. Uses and Disclosures Requiring an Opportunity to Agree or Object**

Unless you object, we may disclose PHI to family members, close friends, or others you identify who are involved in your care or payment for your care, or to notify them of your location or general condition. If you are unable to object, we may use professional judgment to determine whether disclosure is in your best interest.

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### **6. Uses and Disclosures Without Your Authorization**

We may use or disclose PHI without your authorization in the following circumstances, as permitted or required by law:

- Public health activities
  - Health oversight activities
  - Abuse, neglect, or domestic violence reporting
  - Legal proceedings and law enforcement
  - Coroners, medical examiners, and funeral directors
  - Organ and tissue donation
  - Workers' compensation
  - Serious threats to health or safety
  - Military, national security, and correctional institutions
  - Business associates performing services on our behalf under written agreements
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### **7. Uses and Disclosures Requiring Written Authorization**

We must obtain your written authorization to use or disclose PHI for:

- Marketing purposes
- Sale of PHI
- Psychotherapy notes (if applicable)

You may revoke an authorization in writing at any time, except to the extent we have already relied on it.

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## **8. Your Rights Regarding Your PHI**

You have the right to:

- Access your PHI in paper or electronic form
- Request amendments to your PHI
- Request restrictions on certain uses and disclosures
- Request confidential communications
- Receive an accounting of disclosures
- Receive a paper copy of this Notice
- Be notified of a breach involving unsecured PHI
- File a complaint without retaliation

Complaints may be filed with our Privacy Officer or with the U.S. Department of Health and Human Services.

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## **9. Privacy Officer Contact Information**

**Privacy Officer:**

Anatte Karmon, MD  
1585 Kapiolani Blvd., Suite 1800  
Honolulu, HI 96814  
Phone: 808-545-2800  
Fax: 808-262-3744

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## **10. Acknowledgment of Receipt**

We will request written acknowledgment that you received this Notice. If acknowledgment is not obtained, we will document our good-faith effort to do so.