

# HIPAA Authorization & Notice of Privacy Practices Policy

**MAUI OPTIX**  
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The logo for Abyde, featuring a blue checkmark symbol to the left of the word "Abyde" in a blue, sans-serif font.

## HIPAA AUTHORIZATION FORM & NOTICE OF PRIVACY PRACTICES POLICY

### **Section 164.502(i)**

#### **PURPOSE**

The purpose of implementing the following HIPAA Authorization Form and Notice of Privacy Practices Policy is to ensure MAUI OPTIX informs patients of their rights pertaining to the authorized release and security of their protected health information.

#### **POLICY**

MAUI OPTIX mandates that all patients are provided a Notice of Privacy Practices as well as sign a HIPAA Authorization Form before being treated. MAUI OPTIX acknowledges however that patients may choose not to sign a HIPAA Authorization Form, and that MAUI OPTIX must still provide treatment to patients who refuse to sign. If refused, MAUI OPTIX will note within the patient's file that the authorization form was provided and that the patient chose not to sign for their records.

MAUI OPTIX will also link a copy of MAUI OPTIX's Notice of Privacy Practices from their website, if applicable, and will ensure that this link is easily accessible to potential and current patients (typically, on the website's homepage).

MAUI OPTIX is required to provide the Notice of Privacy Practices in plain language that describes:

- How MAUI OPTIX may use and disclose protected health information about a patient.
- How MAUI OPTIX may contact the patient.
- The patient's rights with respect to the information and how they may exercise these rights, including how they may complain to MAUI OPTIX.
- The legal duties of MAUI OPTIX with respect to the information, including a statement that MAUI OPTIX is required by law to maintain the privacy of protected health information.
- Whom patients can contact for further information about the policies and procedures of MAUI OPTIX - This contact is JENNIFER PAET



- The notice must also include an effective date.

