



WAYNE B.L. CHUN M.D., LLC

INTERNAL MEDICINE BOARD CERTIFIED

1351 South Beretania Street, Suite J

Honolulu, Hawaii 96814

Ph: (808) 744-2486 Fx: (808) 744-2489

**OFFICE POLICY ON PRIVACY PRACTICES
PATIENT DISCLOSURE**

In accordance with the American Medical Association Code of Ethics, I believe that the patient-physician relationship is based on trust and the confidentiality of communication. The free and uninhibited disclosures of personal information within this relationship are the cornerstone of good medical care.

The privacy of your medical records is of the utmost importance to my staff and me. I have therefore taken measures to ensure that your medical records receive the highest level of confidentiality and security. This office adheres to the following procedures to ensure protection of your private medical records.

- My office staff has received education and training regarding the use and handling of patients' protected health information.
- Your records are secured in a locked facility during non-office hours.
- Access to office keys are limited to the staff of this facility, building management and cleaning staff.
- Access to electronic information is secured via passwords.
- Your private medical information is only released as required or permitted by state and federal law.

In order to continue to provide personalized service to our patients and function effectively:

- We utilize outside services, such as transcriptionists or consultants.
- Your name, status, and location may be revealed within the office setting
- Laboratory, test results, and clinical notes may be shared with other physicians(s) participating in your medical care.
- Confidentiality can be expanded to exclude information issued to insurance companies by choosing to not use any health insurance or third party payment as payment for services. In this scenario any and all health care services rendered, we will submit your charges to your health insurance, other third party, or employ the services of a collection agency.
- If you request copies of your records, there will be a charge of \$1.00 per page.

I have read, understand and agree to the privacy practices of Wayne Chun, M.D. and have received a copy of my patient rights and responsibilities.

Patient Signature

Date

Print Patient Name

Date of Birth