



KALIHI-PALAMA HEALTH CENTER  
NOTICE OF PRIVACY PRACTICES  
Effective Date: January 1, 2008

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact our Privacy Officer at (808) 843-7277.

**OUR PLEDGE REGARDING HEALTH INFORMATION**

We understand that health information about you is personal; and we are committed to protecting your personal health information. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

When you visit Kalihi-Palama Health Center (KPHC), we create a record of the care and services you receive from us. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing and payment information. We need this record to provide you with quality care and to comply with certain legal requirements. Federal and state law allows us to use and disclose your protected health information (PHI) for purposes of treatment, payment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

KPHC is required by law to:

- Make sure health information that identifies you is kept private;
- Give you this Notice; and
- Follow the terms of the Notice.

**USES AND DISCLOSURES OF YOUR HEALTH INFORMATION FOR  
TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS**

The following categories describe different ways that we may use and disclose your health information. For each category of uses and disclosures we will explain what we mean and give examples. Not every use and disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Treatment:** We may use your health information to provide you treatment or services. We may disclose health information about you to doctors, nurses, medical assistants, professional health students, or others who are involved in taking care of you. They may work in our facility, at the hospital if you are hospitalized under our supervision, at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for services. *For example*, a doctor treating you for diabetes may need to refer you to the optometrist so that appropriate eye exams can be scheduled.

To assist with your care outside of our health center, we may disclose your health information to your doctor or other health care providers. For example, we may provide results of a laboratory test to a doctor who is seeing you at his or her office.

Kalihi-Palama Health Center participates in one or more Health Information Exchanges ("HIE"). Basic identifying and clinical information regarding your visits to Kalihi-Palama Health Center may be shared with the HIE for the purposes of diagnosis and treatment. Other providers at the health facilities participating in the HIE may have access to this information as part of your treatment. [A Health Information Exchange is defined as the mobilization of healthcare information electronically across organizations within a region or community. The goal of a HIE is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care.]

**Payment:** We may use and disclose your health information to bill and collect payment from you, your insurance company, or a third party payor for the services you received. *For example*, we may need to give information about your visit to your health

plan so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about treatment that you are going to receive so your plan can decide if it will cover the treatment.

**Health Care Operations:** We may use and disclose your health information for our health center operations. These uses and disclosures are necessary to run our health center and make sure that all of our patients receive quality care. *For example*, we may use health information to review our treatment and services to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without knowing who you are.

**Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment. Please let us know if you do not wish to have us contact you about your appointment, or if you wish to have us use a different telephone number or address to contact you for reminders.

**Fundraising Activities:** We may use limited health information about you to contact you in an effort to raise money for our non-profit operations. We may disclose limited contact information, such as your name, address, phone number, and dates of service, to a foundation related to our health center or to a business associate so that they may contact you in raising money for our health center. Please inform us in writing if you do not want us to contact you for these fundraising efforts.

**Business Associates:** We may disclose health information to those we contract with as business associates so that they may do their jobs on behalf of our health center. Examples include translator services and transcription services. We require that all business associates implement appropriate safeguards to protect your health information.

**Health-Related Benefits and Services:** We may communicate to you about a product or service related to your treatment, management or coordination of your care, and recommendations about alternative treatment therapies, providers, or settings of care. We also may talk to you personally about some services and products or may give you small promotional gifts, from time to time.

#### **USES AND DISCLOSURES THAT WE MAY MAKE WITH YOUR AGREEMENT OR UNLESS YOU OBJECT**

**Disaster Relief:** We may disclose health information such as your condition, status and location, to disaster relief agencies, such as the Red Cross, for disaster relief purposes.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose your health information to a family member, other relative, close personal friend, or any other person you identify as participating in your care or payment for that care. We may disclose:

- Health information that is relevant to that person's involvement in your care or payment related to your care.
- Health information that is necessary to notify or assist in notifying those close to you of your location or condition.

#### **USES AND DISCLOSURES THAT WE MAY MAKE WITHOUT YOUR SPECIFIC AUTHORIZATION**

**As Required By Law:** We will disclose health information about you when required by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety and or the health and safety of the public or another person. Any disclosure would only be to someone who is likely to help prevent the threat.

**Military and Veterans:** If you are a member of the armed forces or separated/discharged from military services, we may release your health information as required by military command authorities, the Department of Veteran's Affairs, or the appropriate foreign military authorities as may be applicable.

**Workers' Compensation:** We may release your health information to your employer, your employer's workers' compensation insurer and administering government agencies for purposes of compliance with workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health and Safety:** We may disclose your health information for public health activities, which generally include:

- Prevention or control disease, injury or disability;
- Reporting of births and deaths;
- Reporting of suspected child abuse and dependent adult abuse/neglect;
- Reporting of reactions to medications or problems with products or medical devices; people of the recalls of products they may be using;
- Notification to people about recalls of medications/products/medical devices they may be using;
- Notification to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- Public health surveillance, investigations, and interventions.

We may disclose health information to your employer where services are provided to you at the request of your employer for the purposes of:

- An evaluation relating to medical surveillance of the workplace, or
- An evaluation whether you have a work-related injury.

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

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information about in response to a subpoena, discovery request, or other lawful process, but only if the requesting party states they have made an effort to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement Activities:** We may release health information if asked to do so by a law enforcement official:

- Where required by federal, state, or local law;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person (but we will only give limited information);
- About the victim of a crime, if the victim agrees to disclosure or under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our facility; and
- In emergency circumstances to report a crime; the location of the crime or victims, or the identity, description, or location of the person who is suspected of committing the crime.

**Coroners, Health Examiners and Funeral Directors:** We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation:** We may release your health information to organizations that handle organ procurement or organ, eye, or tissue transplants or to an organ donation bank, as required and necessary to facilitate organ or tissue donation and transplants.

**Research:** Under certain circumstances, we may use and disclose your health information for research purposes. Research projects are subject to a special review process that evaluates uses of health information, trying to balance the research needs with the need for patient privacy. Before we use or disclose health information for research, the project will have to be approved through this review process.

**National Security and Intelligence Activities:** We may release your 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 your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. The 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) for the safety and security of the correctional institution.

## OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

**Authorization:** Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide our health center with an authorization to use and disclose health information about you, you may revoke that permission at any time by sending a request in writing to the Medical Records Department or Privacy Officer. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that have already been made with your permission and that we are required to retain our records of the care that we provided to you. If the authorization was to permit disclosure of your information to an insurance company as a condition of obtaining coverage, other laws may allow the insurer to continue to use your information to contest claims of your coverage, even after you have revoked the authorization.

**Specially Protected Health Information:** Unless otherwise required or permitted under law, disclosure of the following protected health information, outside our health center, requires your specific consent:

- AIDS/HIV information
- Mental health and mental illness records
- Drug addiction and alcoholism (substance abuse) treatment records

## YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your personal health information:

**Right to Inspect and or Copy:** You have the right to inspect and obtain copies of health information that may be used to make decisions about your care. Usually, this includes health and billing records, *but does not include psychotherapy notes, information we put together to prepare for legal action and certain information covered by laws relating to laboratories.*

To inspect or obtain a copy of your health information, please submit a request in writing to the Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services from your request.

We may deny your request to inspect and copy your records in certain very limited circumstances. We will notify you in writing if your request has been denied and explain how you may appeal the decision. In certain limited situations, we will have to deny you access and you will not have the right to appeal that decision.

**Right to Amend.** If you think that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, submit a one page request legibly handwritten or typed to our Privacy Officer. Also, you must provide a reason for the amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or agency that created the information no longer exists to make the amendment;
- Is not part of the health information kept by or for our facility;
- Is not part of the information which you would be permitted to inspect and or copy; or
- Is accurate and complete.

**Right to Accounting of Disclosures.** You have the right to request a list accounting for any disclosures of your health information we have made. This accounting will not include disclosures:

- For treatment, payment, or health care operations
- To persons involved in your care or for notification purposes
- Incidental to an otherwise permitted use or disclosure
- To correctional institutions or other law enforcement officials
- As part of a limited data set
- For national security or intelligence purposes
- For any use or disclosure that you specifically authorized or requested
- For any disclosure that occurred before April 14, 2003

To request the list of disclosures, submit your request in writing to the Medical Records Department or Privacy Officer. Your request must state a time period, which may not be longer than 6 years and not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures within 30 days of your request, or notify you if we are unable to have the list within 30 days and by what date we can have the list; but this date will not exceed 60 days from the date you made the request.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we restrict a specific nurse or medical assistant from use of your information, or that we not disclose information to your spouse about a surgery you had.

We are not required to agree to your request for restrictions if we are unable to comply or believe it will negatively impact the care we provide for you. To request a restriction, you must make your request in writing to the Privacy Officer. In your request, you must tell us what information you want to limit and to whom you want the limits to apply; for example, use of any information by a specific nurse, or disclosure of specific visit to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box.

To request confidential communications, you must submit your request in writing to the Privacy Officer on or by the date of service.

**Right to a Copy of This Notice.** You will be provided a copy of Kalihi-Palama Health Center's Notice of Privacy Practices the first time you come to our facility. You have the right to obtain a paper copy of this Notice at anytime. Copies of our current Notice are available from our front desk staff and our Privacy Officer. You may also access our website at [www.kphc.org](http://www.kphc.org) to print a copy of this Notice.

## CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices as described in this Notice at any time. Except when required by law, we will write and make available upon request a new Notice before we make any changes in our privacy practices. The privacy practices in the most current Notice will apply to information we already have about you as well as any information we receive in the future. The Notice will contain an effective date.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with KPHC by contacting our Privacy Officer. In addition, you may file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights. All complaints must be submitted in writing. ***We will not retaliate against you if you file a complaint.***