



NOTICE OF PRIVACY PRACTICES
Effective Date: January 1, 2008
Reviewed and Revised Date: April 8, 2013

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

OUR PLEDGE REGARDING PROTECTED 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.

HOW WE MAY USE AND DISCLOSURES OF YOUR HEALTH INFORMATION

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 will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. *Example:* your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, the health care provider may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who becomes involved in your care by providing assistance with your health care diagnosis or treatment.

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. *Example:* Quality Control - we may use health information to review our treatments and services to evaluate the performance of our staff in caring for you. 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.

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 protected health information.

Treatment Alternatives and 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 WITH OPPORTUNITY TO AGREE OR 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

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 Veterans Affairs, or the appropriate foreign military authorities as may be applicable.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs.

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

- Report vital statistics (e.g., births, deaths);
- Reporting of suspected child abuse and dependent adult abuse/neglect or domestic violence;
- Report to report adverse reactions to medications or safety problems with FDA-regulated products;
- Notification to people of recalls of products they may be using;
- Report communicable diseases to local, county, state, and federal health officials.

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 be required to provide information to assist government in the course of an investigation, inspection or audit of a health care organization or provider.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, the Practitioner may disclose medical information about you in response to a court or administrative order. We may also disclose health information about you 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 to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, 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 in the clinic; 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 committed the crime.

Coroners, Health Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Organ and Tissue Donation: We may disclose your health information to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.

Research: We may use or disclose information about you for purposes of research projects approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We will almost always ask for your specific permission if they will have access to your name, address or other information that reveals who you are, or will be involved in your care.

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: If you give us authorization to use or disclose your protected health information, you may revoke such authorizations at any time, in writing, except to the extent that our clinic has already taken action in reliance on the use or disclosure permitted in 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 we maintain about you:

Right to Inspect and Copy: You have the right to inspect and receive a copy of health information that may be used to make decisions about your care. Usually, this includes health and billing records. To inspect or receive a copy of your health information, 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.

Right to Amend: If you believe 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. Your request and reason for the request must be legibly handwritten or typed to our Medical Records department. You will receive a written response within 60 days of our receipt of your request. 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.

The Right to Disclosure Accounting: You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment or healthcare operations as previously described. To request the list of disclosures, submit your request in writing to the Medical Records department. Your request must state a time period, which may not be longer than 6 years and not include dates before April 14, 2003.

The Right to Restrict: You have the right to request restriction or limitation on health information we use or disclose 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. We are not required to agree to these additional restrictions, but if we do, we are required to abide by these restrictions (except in emergency situations). A request to restrict must be made in writing to our Medical Records department and must specifically identify the requested restrictions; *for example*: use of any information by a specific nurse, or disclosure of specific visit to your spouse. We will not accept any restriction request that is not in writing.

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 Medical Records department.

Right to a Copy of This Notice: You have the right to obtain a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices as described in this Notice at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Compliance Officer at KPHC: P.O. Box 17460, Honolulu, HI, 96817, or with Department of Health and Human Services, Office of Civil Rights, appropriate Regional Office. We will take no punitive action against you for filing a complaint.

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received a copy of Kalihi-Palama Health Center's Notice of Privacy Practices.

Patient Name: _____

Patient/Legal Guardian Signature: _____

Date: _____

For Office Use Only:

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from receiving acknowledgement
- Other: _____

Employee Name: _____

Employee Signature: _____

Date: _____