



HAWAII HEALTH SYSTEMS

C O R P O R A T I O N

Quality Healthcare For All

PART 2

NOTICE OF PRIVACY PRACTICES of

Kauai Region Clinics

(The Clinic at Waimea, The Clinic at Port Allen, The Clinic at Kalaheo, The Specialty Clinic at Kalaheo, Urgent Care at Poipu, The Clinic at Kapaa, and The Clinic at Lihue)

Your Information. Your Rights. Our Responsibilities.

This notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

You have a right to a copy of this notice in paper or electronic form and to discuss it with the regional privacy officer at (808)338-9489 and krprivacyofficer@hhsc.org if you have any questions.

Please review this notice carefully.

Introduction

Federal law provides specific protections for health information created by a federally assisted Substance Use Disorder ("SUD") Treatment Program ("Part 2 Program") as that term is defined in the law. Any type of health information that would:

- identify you as a patient as having or having had a substance use disorder, either directly or by reference to publicly available information, or through verification of your identity by another person; and
- contains substance use disorder information or alcohol use disorder information for the purpose of treating a substance use disorder, making a diagnosis for that treatment, or making a referral for that treatment; and
- that is created by a Part 2 Program

is referred to as "SUD treatment information" and is subject to these specific federal protections.

As a Part 2 Program, we are required to provide you this Notice of Privacy Practices that describes those additional protections for SUD treatment information. This notice supplements our HIPAA Notice of Privacy Practices and does not apply to information related to care provided outside of our Part 2 Program.

Your Rights. When it comes to your SUD treatment information, you have certain rights. You have a right to:

Ask us to limit what we use or share. You can ask us **not** to use or share certain SUD treatment information for treatment, payment, or for our operations even when you have signed a written consent for such disclosures. We are not required to agree to your request and we may say no if it would affect your care. Please make the restriction request in writing to the Program's Health Information Management Department. Tell us specifically what restrictions you are asking for and whom you want us to restrict giving your SUD treatment information to. If we agree to your request, we may still share your SUD treatment information where needed for emergency care or when required by law.

If you pay for a service or health care item out of pocket and in full, you can ask us not to share that particular SUD treatment information for the purpose of payment or our operations with your health insurer. We will say yes, unless a law requires us to share that particular health information.

Get a list of those with whom we've shared health information. You can ask us for a list of the times we've shared your SUD treatment information outside of our program, who we shared it with, and why ("accounting of disclosures") for three years prior to the date you ask. In addition, if you provided consent to share your SUD treatment information for treatment through a health information exchange, care management organization, or other intermediary, you have a right to a list of disclosures by those intermediaries for the past three years.

Get a copy of this privacy notice. You have a right to get a paper or electronic copy of this Notice.

Ask questions. You have a right to discuss this notice with our designated staff. Contact information for our designated staff is below.

Fundraising Communications. You have a right to elect not to receive fundraising communications from us.

OUR RESPONSIBILITIES.

We are required by law to maintain the privacy of your SUD treatment information and provide you with a notice of our legal duties as it relates to your SUD treatment information and inform you of our privacy practices.

We are required to abide by the terms of the Notice of Privacy Practices that are currently in effect.

We are required to notify you if your unsecured SUD treatment information was breached.

We may change this notice of privacy practices at any time and we reserve the right to revise or amend this Notice. Those new Notice provisions will be effective for all health information that we maintain or create in the future. We will visibly post a copy of our current notice of privacy practices in the registration and business area(s) of our facilities. You may also call the designated contact person of the Part 2 Program (listed below) and request that a copy of the revised Notice be sent to you by email.

OUR USES AND DISCLOSURES.

We can share your SUD treatment information in certain situations, without your written consent, as follows:

Medical Emergencies. We may use your SUD treatment information, without your consent, only to the extent needed to treat your emergency. We may also disclose your SUD treatment information, without your consent, to medical personnel at the Food and Drug Administration (FDA) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacturing, labeling, or sale of a product under the FDA jurisdiction, and that your SUD treatment information will be used for the exclusive purposes of notifying patients and their physicians;

Communications between a Part 2 Program and an entity having direct administrative control over that Part 2 program. If any of our facilities or regions have direct administrative control over a Part 2 program that generated your SUD treatment information, they are allowed to share your SUD treatment information without your consent among personnel having a need for the information in connection with their duties.

Qualified service organizations. We are allowed to disclose your SUD treatment information to qualified service organizations that are providing services on our behalf.

Crimes on Part 2 program premises or against our Part 2 program staff. We are allowed to report to local law enforcement crimes you commit or threaten to commit in our facility or against our staff.

Reports of suspected child abuse and neglect. We are allowed to report incidents of suspected child abuse and neglect to the appropriate state and local authorities without your consent.

Scientific research. We are allowed to make disclosures of your SUD treatment information to qualified personnel for research subject to ethics board approval and oversight.

Audits and evaluations. Your SUD treatment information may be used or disclosed without your consent for audits and evaluations by a federal, state or local governmental agency or third-party payer or health plan or quality assurance entity in order to identify actions to improve care and outcomes for patients or to review appropriateness of medical care, medical necessity and utilization of services. Any entity that receives your SUD treatment information for this purpose must agree to strict limitations regarding your SUD treatment information.

Court orders and hearings. SUD treatment information records or testimony relaying the content of such records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless it is based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or to us as required by law (42 U.S.C. 290dd-2). Any court order authorizing the use or disclosure of your SUD treatment information must be accompanied by a subpoena or other legal requirement compelling disclosure before that record can be used or disclosed.

Fundraising. We may use or disclose your records to fundraise for the benefit of our Part 2 Program, but only if we provide you with a clear and conspicuous opportunity to elect not to receive fundraising communications first.

In all other circumstances, we will ask for your consent to release your SUD treatment information outside of our Part 2 Program.

Uses and Disclosures That Require Your Written Consent. The following are uses and disclosures that require your written consent:

Persons you identify. We may use and/or disclose your SUD treatment information to any person or category of persons you identify in your written consent. For example, you may sign a consent authorizing us to disclose your SUD treatment information to your family.

Treatment, payment, and healthcare operations. We may disclose your SUD treatment information, with your written consent for the purposes of providing you treatment, processing payment for your services, and to support the operations of our Part 2 Program. For example, with your written consent, we may provide your SUD treatment information to a hospital that is treating you for an injury, or we may provide your SUD treatment information to bill your insurance company for your services, or we may use your SUD treatment information as a case study on how to improve the quality of our care.

You may provide a single consent for all future uses or disclosures for treatment, payment and healthcare purposes.

As a note: Records that are disclosed to another Part 2 program, healthcare provider or one of our vendors pursuant to your written consent for treatment, payment, and healthcare operations, may be further disclosed by those entities, without your written consent, to the extent allowed by the Health Insurance Portability and Accountability Act ("HIPAA").

To prevent multiple enrollments. We may disclose SUD treatment information, limited to identifying information, type and dosage of drug, and relevant dates, with your specific written consent, to a central registry or any withdrawal management or maintenance treatment program, not more than 200 miles away, for the purpose of preventing multiple enrollments. For example, we may share your limited SUD treatment information to local withdrawal management program with your written consent.

Criminal justice referrals. If you were mandated to treatment through the criminal legal system and you sign a consent authorizing disclosures to certain parts of the criminal legal system, we may disclose your SUD treatment information to those individuals that have a need for information in connection with their duty to monitor your progress. For example, with your written consent, we can disclose your SUD treatment information to a prosecuting attorney who is withholding charges against you.

Revoking Your Consent

You are always free to revoke any consent that you make if you do so in writing. The ability to revoke a consent made for a criminal justice referral, however, is limited and should be clearly explained on the consent you signed. If you need assistance with revoking your consent in writing, please contact the designated person below for assistance. Revoking your consent will not change any disclosures we made prior to your revocation but will affect any use or disclosure after your revocation.

Complaints

If you believe your privacy rights regarding your SUD treatment information may have been violated, you can file a complaint with our designated person (contact information below). You can also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights. You can find more information at <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>. ***You will not be retaliated against for filing a complaint.***

Contact

Kauai Island:

HHSC Kauai Region Clinic(s): The Clinic at Waimea, The Clinic at Port Allen, The Clinic at Kalaheo, The Specialty Clinic at Kalaheo, Urgent Care at Poipu, The Clinic at Kapaa, and the Clinic at Lihue

HHSC Kauai Region Compliance and Privacy Officer

Tel: (808)338-9489

EMAIL: krprivacyofficer@hhsc.org

Corporate Office:

Hawaii Health Systems Corporation Corporate Compliance and Privacy Officer

3675 Kilauea Avenue

Honolulu, HI 96816

Tel: (808) 733-4164

Email: privacyofficer@hhsc.org

Compliance Hotline: (877) 733-4189