# Notice of Privacy Practices

## Hawaii Department of Health
## Developmental Disabilities Division (DDD)

**Effective September 23, 2013**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## Understanding Your Health Information

- Your health record serves as the basis for:
  - → Planning your care and treatment;
  - → Communicating with other health professionals involved in your care;
  - → Documenting the care you receive;
  - → Assessing and continually working to improve the care we provide; and
  - → Verifying that the services billed to your health insurer were actually provided.
- Health, family, social, educational, and other information provided by you is maintained in your health record.
- Your record may also contain your screening and test results, immunization record, diagnoses, treatment, and a plan for your ongoing care. Medical and hospital reports, and other information obtained with your written permission may be part of your record.

## Your Health Information Privacy Rights

Although your health record is the physical property of Developmental Disabilities Division (DDD), the information belongs to you. You have the right to:

- Receive this notice that tells you how your health information may be used and shared;
- Ask that certain health information not be shared particular people or entities. We are not required to agree with your request, UNLESS the restriction is to a health plan and you have paid for items or services out of pocket in full;
- Ask us to communicate with you about your health information in a different way or at a different location.
- See and get a copy your health information;
- Ask to have corrections added to your health information;
- Obtain a written report on when and why your health information was shared for certain purposes; and
- Obtain a paper copy of this Notice upon request, even if you have agreed to receive the notice electronically.

## Our Responsibilities

We are required by law to:

- Ensure the privacy of your health information;
- Provide you with this Notice which describes our legal duties and privacy practices regarding information we collect and maintain about you; and
- Notify you if a breach of your health information occurred.

We shall abide by the terms of the Notice of Privacy Practices currently in effect.

However, should our privacy practices change, we reserve the right to make the new provisions effective for all health information we maintain. Any significant change will be reflected in a revised Notice of Privacy Practices which will be available on or after the effective date of the change.

## How Are We Permitted to Use or Share your Information?

***Without your Authorization:*** Current privacy laws permit us to use and share your health information without your written authorization in certain situations.

**For your treatment.** For example, we are permitted to share your information with the health care providers who participate in your care.

**For payment activities related to services we provide for you.** For example, a bill may be sent to your health insurer which may include information that identifies you, your diagnosis, as well as the type of health care services that you received.

**For administrative health care operations.** For example, members of our Quality Improvement Team may use your health information to assess the care and outcomes in your situation and others like it. This information may then be used to continually improve the quality and effectiveness of the services we provide.

**For public health activities.** We may share your health information with public health authorities charged with preventing or controlling disease, injury, or disability.

**When required by law.** For example, the law requires us to report gunshot wounds to the police.

**To report suspected abuse or neglect.** The law requires us to report suspected abuse or neglect to Child or Adult Protective Services or the police. The report may contain health information.

**For judicial purposes.** For example, we may share specific health information in response to a court order, administrative tribunal request, subpoena, or discovery request.

**To law enforcement officials.** We may share limited health information relating to crime victims, suspicious

deaths, crime suspects, and about crimes that occur on its premises; or as required by law.

**To avert a serious threat to health or safety.** For example, we may in good faith provide information to the police when faced with a person who is threatening to use a dangerous weapon to harm himself and others.

**For care and notification purposes if you agree and do not object:** For example, we may share your treatment plan with your daughter who takes care of you, or notify the Red Cross of your location during a disaster.

**About deceased persons.** We may share health information with the medical examiner seeking to identify a person and the cause of death; and with funeral directors to carry out their official duties.

**For organ, eye, or tissue donation.** We may share health information for transplantation or tissue donation purposes.

**For research purposes.** We may share health information with researchers after an Institutional Review Board has ensured the research proposal protects the privacy of the information.

**For health oversight activities.** For example, we are required to provide health information requested by the U.S. Dept. of Health and Human Services during an investigation.

**For specialized government functions.** For example, we may share health information with a correctional institution to ensure the health and safety of inmates or others in the facility.

**To other government agencies or organizations.** We may share your health information with another government agency to coordinate public benefits you may receive.

**For workers' compensation.** We may share your health information to comply with workers' compensation laws.

**Business associates.** We may share your information with an outside entity, such as a software vendor, who may be contracted to install an electronic database system on our behalf.

***With your Authorization:*** We will always ask for your written permission to use of share your information for the following purposes:

- Marketing;
- What may constitute the sale of your PHI;
- Psychotherapy notes (if we maintain psychotherapy notes); and
- Other uses and disclosures not described in this Notice.

You may cancel your authorization in writing at any time; however, your cancellation will not apply to the actions already taken when your authorization was in effect.

## Complaints

If you believe that your privacy rights have been violated, you may file a complaint with Developmental Disabilities Division (DDD) and with the Secretary of the U.S. Department of Health and Human Services. You may file a complaint without fear of intimidation, threat, coercion, discrimination or retaliation.

**To file a complaint with DDD please contact:**

HIPAA Privacy Coordinator

State of Hawaii, Department of Health, Developmental Disabilities Division

Kinau Hale

1250 Punchbowl Street, Room 463

Honolulu, Hawaii 96816

(808) 587-6041

FAX (808) 586-5844

**To file a complaint with the Secretary of the Department of Health and Human Services:**

Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103

Phone: (415) 437-8310 TDD: (415) 437-8329
Website: www.hhh.gov/ocr (How To File a Complaint)

**Note:** When required, we will comply with any stricter requirements contained in **42 CFR Part 2**, a federal law that governs the use and disclosure of **Alcohol and Substance Abuse Treatment** information.

## Acknowledgement of Receipt

**My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices:**

**X** _____
Signature of Individual/ Parent/ Legal Representative

**X** _____
Date

If signed by Legal Representative, your relationship to the Individual: _____

Distribution: Original on file in individual's record. Copy to individual.

Rev July, 2013