



**STATE OF HAWAII  
Department of Health**

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. Effective 04/14/03.**

The State of Hawaii, Department of Health (DOH), Developmental Disabilities Division (DDD), Case Management and Information Services Branch (CMISB), is committed to protecting your health information. This notice provides information on DOH's legal duties and privacy practices with respect to health information we collected and maintained about you. DOH is required to maintain the privacy of your health information by law and must abide by the terms of this notice. It describes how your health information may be used or disclosed as well as how you may be able to access this information. It explains your rights to privacy of your health information as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws. Should there be a change in the DOH's confidentiality practices, a new notice will be mailed to you within sixty (60) days of the effective date of the change.

**CONFIDENTIALITY PRACTICES**

**Use, Sharing, and Protection of Health Information:**

DOH staff will only use your health information when doing their jobs under authorized DOH programs. When health information is shared with other agencies or organizations, DOH requires the other agencies and organizations to protect your health information. The purposes of the use and sharing of health information are:

- **Treatment:** DOH shall use and share your health information to approve and/or deny treatment and to determine if your medical treatment is appropriate. For example, DOH health care professionals review your treatment plan by your health care provider for medical need.
- **Payment:** DOH shall use and share your health information to pay for bills from health care providers and to determine your eligibility to participate in applicable DOH programs. For example, your health care provider sends claims for payment to the Medicaid fiscal agent for payment of medical services provided to you.
- **Health Care Operations:** DOH shall use and share your health information to evaluate a health plan's performance. For example, DOH staff may review purchase of service provider(s) and other facilities' medical records to check on the quality of care you received.

**OTHER USES**

**Sharing or disclosures of health information by DOH required or allowed by law:**

- **Informational purposes:** DOH may mail to you helpful information such as health plan choices and program benefit updates, free medical exams and consumer protection information.

- **Other government agencies or organizations that provide benefits, services, or disaster relief:** DOH may share information with other government agencies or organizations that are providing benefits or services when the information is necessary in order for you to receive those benefits or services.
- **Public health:** DOH may disclose health information to the appropriate agencies for public health activities for disease control and prevention, problems with medical products or medications and also victims of abuse, neglect, or domestic violence as required by law.
- **Health oversight activities:** DOH may use or disclose information to authorized government agencies and the Health and Human Services, Office of Civil Rights.
- **Judicial and administrative hearings:** DOH may disclose specific health information in judicial proceedings as required by law.
- **Law enforcement purposes:** DOH may disclose specific health information for law enforcement purposes as required by law.
- **Coroners, medical examiners, and funeral directors:** DOH may disclose specific health information to the appropriate authorized persons to carry out their jobs as required by law.
- **Organ donation and disease registries:** DOH may disclose specific health information to authorized organizations involved with organ donation and transplants, communicable disease registries and cancer registries.
- **Research purposes:** DOH may disclose specific health information to entities authorized to conduct a research project.
- **To avert a serious threat to health, safety, or emergency situation:** DOH may disclose specific health information to prevent a serious threat to a person's or the public's health or safety.
- **Specialized government functions:** DOH may disclose health information for national security and intelligence and protective services for the President and others as required by law. Also, DOH may disclose health information to the appropriate military authorities if you are or have been a member of the armed services.
- **Correctional institutions:** DOH may disclose health information to correctional facilities or law enforcement officials to maintain the health, safety, and security of the corrections system.
- **Worker's compensation:** DOH may disclose health information to workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.

## **YOUR RIGHTS TO PRIVACY**

Your health information will not be shared without your permission except as described in this notice or as required by law. You may authorize other disclosures and you may revoke the authorization (in writing) at any time. The DOH has procedures in place to assist you with your rights to your health information and you may ask DOH staff for a paper copy of this notice.

### **You Have the Right to Request the following (in writing):**

- **Limiting the use or disclosures of confidential information:** DOH to limit the use or disclosure of your health information except for treatment, payment, and health care operations purposes. The DOH is not required by law to agree to your request.
- **Confidential communications:** DOH to communicate with you in a different way or at a different location. For example, you may request DOH to contact you at a different mailing address or call you at a different telephone number.
- **Review of the confidential information maintained by DOH:** To view or have a copy (for a fee) of any part of your designated record set maintained by DOH by using the Consent for Release of Information Form available at any CMISB office.

- **Amend the confidential information maintained in the designated record set:** To change or add, in writing with the reason, information to your health record. However, the ORIGINAL documentation maintained by DOH may not be erased.
- **Receive an accounting of permitted disclosures by DOH:** To receive an accounting of disclosures of your health information except for routine purposes of treatment, payment, and health care operations, and disclosures required by law for purposes of national security or law enforcement.

If you feel your privacy rights have been violated, you have a right to file a complaint. **There are no repercussions for filing a complaint.**

If you require more information or if you feel your privacy rights have been violated, you may contact:

HIPAA Privacy Coordinator  
State of Hawaii, Department of Health, Developmental Disabilities Division,  
Case Management and Information Services Branch  
3627 Kilauea Avenue, Room 109  
Honolulu, HI 96816  
(808) 733-9172.

You may also file a complaint to:

Department of Health and Human Services – Office of Civil Rights  
200 Independence Avenue, S.W., Room 509F  
Washington, D.C. 20201  
(877) 696-6775.