Notice of Privacy Practices

Hawaii Department of Health
Public Health Nursing Branch (PHNB)

Effective January 1, 2012

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

Each time a Public Health Nurse or staff from PHNB visits you, a record of the visit is made in your health record.

- 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 record serves as the basis for:
  - Planning your care and treatment;
  - Communicating with other health professionals involved in your care;
  - Documenting the nursing services you receive; and
  - Assessing and continually working to improve your health care

Your Health Information Privacy Rights

Although your health record is the physical property of PHNB, the information belongs to you. You have the right to:

- See and get a copy your health information;
- Receive this notice that tells you how your health information may be used and shared;
- File a complaint with PHNB without fear of retaliation if you believe that your privacy rights are being denied or your health information isn't being protected;
- Ask to have corrections added to your health information;
- Ask that certain health information not be shared for particular reasons; however, PHNB may not be required to agree with your request; and
- Ask PHNB to communicate with you about your health information in a different way or at a different location.

PHNB Responsibilities

PHNB will:

- Ensure the privacy of your health information;
- Provide you with a copy of this notice which describes our privacy practices regarding information we collect and maintain about you; and
- Abide by the terms of this Notice of Privacy Practices currently in effect.

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.

Even if you have agreed to receive this notice electronically, you may receive a paper copy on request.

How Is PHNB Permitted to Use or Share your Information?

With your Authorization: You may give written permission or authorize PHNB to share your information with any person or entity you choose, such as your insurance company, certain members of your family, your attorney, or your employer.

To do this, you must complete, sign, and date an **Authorization Form**. You may cancel your authorization in writing at any time; however, your cancellation will not apply to the actions already taken by PHNB when your authorization was in effect.

Without your Authorization: Current privacy laws allow PHNB to use and share your health information without first obtaining your written permission for the following purposes:

For your treatment. For example, PHNB may use your health information to remind you about a health appointment. Most importantly, your information may be used and shared with the members of your health care Treatment Team to determine the best course of care for you.

For administrative health care operations. For example, members of the PHNB 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. PHNB 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 PHNB to report gunshot wounds to the police.

To report suspected abuse or neglect. The law requires PHNB 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, PHNB may share specific health information in response to a court order, administrative tribunal request, subpoena, or discovery request.

To law enforcement officials. PHNB may share health information relating to crime victims, suspicious deaths, crime suspects, about crimes that occur on its premises, or as required by law.

To avert a serious threat to health or safety. For example, PHNB 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, PHNB 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. PHNB may share he alth 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. PHNB may share health information for transplantation or tissue donation purposes.

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

For health oversight activities. For example, PHNB is 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, PHNB 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. PHNB may share your health information with another government agency to coordinate public benefits you may receive.

For all other purposes: PHNB may share your health information only if you provide us with your written authorization, or as required or permitted by law.

Note about other Federal and State laws:

1. Specially protected health information. The rules for sharing mental health, alcohol/substance abuse, HIV/AIDS, and developmental disabilities health information may differ due to stricter Federal or State laws.

2. Educational records. If your child's records are considered educational records, PHNB will share this type of information according to the Family Educational Rights Privacy Act (FERPA). Your child's FERPA Notice is provided to you by the Department of Education.

Questions or Complaints?

If you have **questions or concerns,** or if you wish to **file a complaint** because you believe that your privacy rights are being denied or your health information isn't being protected, please contact PHNB at:

Public Health Nursing Branch Chief

1700 Lanakila Avenue # 201

Honolulu, HI 96817

Phone: (808) 832-5765 Fax: (808) 832-5742

You may file a privacy complaint without fear of threat, coercion, discrimination or other retaliatory action from PHNB.

Dislaimer: PHNB is not a HIPAA-covered entity but has elected to follow HIPAA guidelines as best practices.

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

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

Today's date: X_____

PHNB use only

☐ *Patient was provided a copy of the Notice of Privacy Practices, but refused to sign the acknowledgment.*

Staff signature *Date*

Distribution: Original on file in health record. Copy to patient.

PHNB NPP: Revised March 2012