

Notice of Privacy Practices Child and Adolescent Mental Health Division ("CAMHD")

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

Understanding Your Child's Protected Health Information:

CAMHD staff and doctors take notes each time your child visits them. They write down what they think is your child's condition and how they plan to care for them. Your child's health record has information that can identify him or her. This kind of information is known as "Protected Health Information" (PHI). Your child's name and Social Security number are types of PHI.

If you know what is in the health record you can better protect your child's Protected Health Information. You can also ask how PHI will be used. You can decide if PHI should be disclosed. You can make sure that the health record is accurate.

Our Duties:

CAMHD must:

- Protect the privacy of PHI.
- Tell you about our legal duties.
- Tell you about our privacy practices. You have the right to know how CAMHD uses and discloses PHI.
- Abide by this notice.
- Give you a copy of this notice, even if you agreed to get it electronically.
- Notify you when your child's information has been breached.

CAMHD can change its privacy practices at any time. We will mail you a copy of any new notice within sixty days.

CAMHD will ask for your authorization before disclosing PHI. CAMHD can disclose PHI without your permission. However, any release of PHI will follow the law, as explained in this notice.

Your Child's Health Information Rights:

CAMHD owns your child's health record. However, the information in the record belongs to your child. On behalf of your child, you have the right to:

- View or get paper copies of PHI upon written request.
- Decide how we send PHI to you. For example, CAMHD usually sends information by mail. You may ask to get PHI by other means, such as fax. You may also ask us to send PHI to another address.
- Ask to limit the use and disclosure of PHI. CAMHD is not required by law to agree to every request.
- Ask for corrections to your child's health record.
- Get an accounting of PHI disclosures.
- Change your mind about allowing use or disclosures of PHI. This does not apply to disclosures that have already happened.
- Ask for confidential communications. CAMHD must accommodate reasonable requests.
- Restrict disclosure of your child's health information to a health plan for services you have paid for out of pocket and in full.

Information that does not identify your child is used in:

- Medical and mental health research.
- Planning and improving services.
- Improving health care.

Examples of Disclosures for Treatment, Payment, and Health Care Operations:

CAMHD sometimes has to share PHI with other agencies to provide services. CAMHD will only share the minimum necessary PHI with them. We will also require them to protect the PHI they receive.

Treatment. For example: A CAMHD professional notes your child's and the treatment team's expectations in the health record. A doctor logs the actions taken and his or her observations.

If it is necessary for the continued care and treatment of your child, CAMHD may release your child's treatment summary for services received during the previous five (5) year period to another health care provider without your permission. However, the health care provider who wants this information must first make a reasonable effort to obtain your authorization.

Payment. For example: A provider sends a bill to CAMHD. The bill or accompanying materials may contain PHI, which requires your authorization.

Before we send a bill with your information or your child's information to a third party payor, you have the option to authorize us to release this PHI or pay for the services yourself. If you do not pay, CAMHD may send the bill along with any necessary PHI without your authorization.

Regular Health Operations. For example: CAMHD staff uses PHI to evaluate treatment outcomes. This helps CAMHD to improve our services.

With your Authorization:

We will ask for your written permission to use and/or disclose your child's 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.

Uses and Disclosures (Permission not Needed):

CAMHD may disclose PHI without your permission. But any release of PHI will follow the law as explained below.

- **For judicial and administrative purposes.** CAMHD must disclose your child's PHI to a court when it is ordered by the court to do so, when it is necessary for the court to hear a legal action, and when failure to make the disclosure would be against public interest.
- **In the event of an emergency.** CAMHD may share your child's PHI when there is an emergency that requires an immediate sharing of information.
- **If there is a serious danger of threat or violence.** CAMHD may share your health information if it determines, in its best professional judgment, that there exists a serious danger or threat of violence toward another person. CAMHD will exercise its duty to exercise reasonable care to protect foreseeable victims.
- **If requested by the United States Department of Health and Human Services (DHHS) Secretary.** If required by the DHHS Secretary, CAMHD must disclose PHI for investigatory or monitoring purposes.

- **To comply with federal or State laws.** CAMHD may disclose PHI when the law requires it. CAMHD will only share what is necessary in order to comply with the law.
- **Report suspected abuse or neglect to appropriate Public Health and Law Enforcement authorities.** For example: should CAMHD suspect or receive a report of abuse or neglect of a minor at the hands of a parent, foster parent, family member, guardian or provider, CAMHD will report the suspected abuse or neglect to the necessary authorities, e.g., Child Protective Services, Police, etc. Some of the information that we report may contain limited health information about you.
- **Carry out Hawaii State mental health laws, as found in Hawaii Revised Statutes Chapter 334 and Hawaii Administrative Rules 11-175-31.** Your health information may be shared if the Director of Health feels it is necessary.
- **Comply with the Federal Protection and Advocacy for Mentally Ill Individuals Act of 1986.** To protect and advocate the rights of persons with mental illness who reside in facilities providing treatment or care.
- **Other Types of PHI.** There are stricter requirements for use and disclosure for some types of PHI. For example, mental health, drug and alcohol abuse, and human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS) patient information. However, there are still limited circumstances in which these types of information may be used or shared without your authorization.

Family Educational Rights and Privacy Act (FERPA)

Your child's records may also be considered "education records." CAMHD will only disclose information in your child's education records as allowed by FERPA regulations. The Department of Education provides you with your child's FERPA notice of privacy practice.

For More Information or to Report a Problem:

If you need more information or want to file a privacy complaint, contact the CAMHD Privacy Coordinator:

CAMHD Privacy Coordinator
3627 Kilauea Avenue, Suite 101
Honolulu, HI 96816
(808) 733-8495

You may also call the Department of Health Privacy Officer at (808) 586-4111.

You can also file a privacy complaint with the U.S. Department of Health and Human Services. You may contact them at:

Office of Civil Rights
U.S. Department of Health and Human Services
90 7th Street Suite 4-100
San Francisco, California 94103
Phone: (415) 437-8310; (415) 437-8311 (TDD)
FAX: (415) 437-8329
E-mail: www.hhs.gov/ocr

No one will face retaliation for filing a complaint.

My signature below indicates that I have been provided with a copy of the notice of privacy practices.

Name: _____ Child's Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Relationship to child:
