



Notice of Privacy Practices

Hawaii Department of Health
Effective January 1, 2018

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

Understanding Your Health Information

- Your child's health record serves as the basis for:
 - Planning your child's care and treatment;
 - Communicating with other health professionals involved in your child's care;
 - Documenting the care your child receives;
 - 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 or your child is maintained in your health record.
- Your child's record may also contain your child's 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 child's record.

Your Health Information Privacy Rights

Although your child's health record is the physical property of the DOH, the information belongs to you. You and your child have the right to:

- Receive this notice that tells you how your child's health information may be used and shared;
- Ask that certain health information not to 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 child's health information in a different way or at a different location.
- See and get a copy your child's health information in paper or electronic format;
- Ask to have corrections added to your child's health information;
- Obtain a written report on when and why your child's 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.

We are required by law to:

- Ensure the privacy of your child's health information;
- Provide you with this Notice which describes our legal duties and privacy practices regarding information we collect and maintain about your child; and
- Notify you if a breach of your child's health information occurred.
- You, or your personal representative, have the right to timely access your record. Ask us how to do this.
- By completing and signing the DOH Access form, you or your personal representative may have your record sent to a third party.

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 changes will be reflected in a revised Notice of Privacy Practices which will be available upon request or after the effective date of the change.

How Are We Permitted to Use or Share your Child's 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 our 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 or 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 or Privacy 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 DOH 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 DOH please contact:

CAMHD
HIPAA Privacy Coordinator
State of Hawaii Department of Health
3627 Kilauea Ave, Room 101
Honolulu, Hawaii 96816
(808) 733-8495; FAX (808) 733-9357

To file a Privacy complaint in writing with the Secretary of the Department of Health and Human Services:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Room 509F, HHS Bldg.
Washington, D.C. 20201

Or email OCRComplaints@hhs.gov

To file a Security 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: (800) 368-1019 FAX: (202) 619-3818
TDD: (800) 537-7697

Website: www.hhs.gov/hipaa (Filing 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 **Substance Use Disorder Treatment** information.

Acknowledgment 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/Guardian

Printed Name: _____

Child's Name: _____

Date: _____

If signed by Parent/guardian/individual, your relationship to the child/individual:

Distribution: Original on file in individual's record. Copy to individual.
Version 5, January 2018