

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.

**NOTICE OF PRIVACY PRACTICES**  
**of**  
**LEAHI HOSPITAL**  
HAWAII HEALTH SYSTEMS CORPORATION

**Introduction**

We will use and share your health information for purposes of providing treatment to you, receiving payment for the treatment we provide, and for our healthcare operations. We will get your written authorization before we use or share your health information for any other purpose(s), unless such authorization is not required by law. The "**Uses and Disclosures of Health Information**" section below describes in more detail how we use and share your health information.

The law gives you certain rights in relation to your personal health information. "**Your Rights**" section below describes what those rights are. The law also tells us what our obligations are. Those legal obligations are described under "**Our Legal Duties**." That section also explains that we may revise this Notice at any time.

You may question or complain about our privacy practices; we will not retaliate against you for doing so. How you may file a complaint is described under the "**Complaints**" section below.

The address and telephone number of our Privacy Officer are provided in the "**Contact**" section. Our Privacy Officer will provide you with any further information and answer any questions that you may have about what is covered under this Notice.

**Uses and Disclosures of Health Information**

**Uses and disclosures which may be made by us without your written authorization.**

Treatment. We will use and disclose health information about you to provide, coordinate, and manage your health care and any related services. We will, for example, share your health information with a physician who is treating you, or a nurse who is assisting your doctor.

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Payment. We will use and disclose health information about you for payment purposes also. For example, we will provide your health information as necessary to your health insurance company in order to obtain payment for our services to you.

Health Care Operations. We will use and disclose health information about you for purposes of health care operations. These include quality assessments, training of students (medical, nursing, and other), and fund raising, among other activities. For example, we will use it to evaluate the quality of care that you receive at our facility, and to learn how to improve our facility and services.

Appointment reminders. We may also contact you by phone, email, or letter, to provide appointment reminders.

Treatment Alternatives. We may also contact you to give you information about treatment alternatives, or about other health-related benefits and services that may be of interest to you.

Fund raiser. We may also contact you to ask for donations to raise funds for our benefit.

Facility Directory. For facility directory purposes, unless you object when we ask for your permission, we may give out your room number or location in the facility, and your condition described in very general terms that does not give away any medical information about you (for example, "stable"), to people who ask us about you by your name. Unless you object when we ask for your permission, we may also give out those same information plus your name and your religious affiliation to members of the clergy.

Involvement in your care. We may use and give out information about you to a person who is involved in your care or who is involved in paying for your health care. But before we give out any information to that person, if you are there and able to answer, we will ask you for your permission, unless we reasonably believe that you will not object. If you are not there, or are unable to agree or object, we may give out information about you to a person involved in your care if we believe it would be in your best interest for us to do so. For example, we may allow the person on your behalf to pick up filled prescriptions, X-rays, or medical supplies, to that person.

For purposes of notification. We may use information in your records to find a member of your family or a person responsible for your care. We

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may get in touch with and tell that person that you are at our facility, about your general condition, or of your death. But before we use or give out any such information, if you are there and able to answer, we will ask you for your permission, unless we believe from the circumstances and our professional judgment that you will not object. If you are not present, or are unable to agree or object, we may disclose information to a person involved in your care only if we believe that it would be in your best interest for us to do so. We may also use or give out information about you to disaster relief organizations (such as the Red Cross), in order to coordinate and help them in their notification efforts.

As Required by law. We may use or give out information about you if we are required to do so by law. For example, we may use or give out information about you as required by law:

- To a government agency for it to oversee our activities as a health care provider. Examples of those agencies include the state health professional licensure boards, Offices of Inspectors General of federal agencies, the Department of Justice, Health and Human Services Office for Civil Rights, Federal Drug Administration, OSHA, the EPA, the state Medicaid fraud control unit, Social Security Administration, and the Department of Education.
- In judicial and administrative proceedings, in response to an order of a court or an administrative tribunal, or in response to a subpoena, discovery request, or other lawful process; and
- To report information about victims of abuse, neglect, or domestic violence to a government authority, such as a social service or protective services agency.

Public Health Purposes. We may give out information about you to a public health authority, such as the Department of Health, in order to help the public health authority to perform various public health activities, such as preventing and controlling disease, injury, disability, and child abuse.

Law Enforcement Purposes. We may give out information about you for law enforcement purposes to the police or other law enforcement officials, as required by law. For example, we report:

- certain types of wounds, such as a knife wound, bullet wound, gunshot wound, and powder burn.
- drug and alcohol testing results under certain circumstances.
- serious injuries and fatalities caused by fireworks.

We may also give out information about you to law enforcement officials:

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- pursuant to a court order, warrant, subpoena, or summons, or a grand jury subpoena or other similar legal process.
- for purposes of identifying or locating a suspect, fugitive, material witness, or a missing person.
- for the purpose of alerting law enforcement of your death which is suspected to have resulted from criminal conduct.
- if we believe in good faith that information constitutes evidence of a criminal conduct that occurred on our property.
- in providing emergency health care outside our hospital, if disclosure appears necessary to alert law enforcement to the commission and nature of a crime, the location of the crime or of the victim of it, and the identity, description and location of the perpetrator of the crime.]

To coroners, medical examiners, and funeral directors. Where applicable, we may give information about you to a coroner or medical examiner, for the coroner or medical examiner to identify you upon your death and to determine a cause of death, and to perform their other duties. We may also give out information about you to a funeral director to carry out his or her duties. If necessary for the funeral directors to carry out their duties, we may do so prior to and in reasonable anticipation of death.

Organ donation. We may use or give out information about you to organ procurement organizations, for purposes of organ, eye, or tissue donation and transplantation.

Serious threat to health or safety. We may use or give out certain information about you in order to prevent or lessen a serious threat to health or safety of a person or the public. If necessary, we may give out such information to law enforcement authorities.

Armed Forces and foreign military personnel. If you are a member of our Armed Forces, we may use or give out information about you to military authorities if the military authorities determine that it is necessary for proper execution of the military mission. If you are a member of the armed forces of a foreign country, we may similarly use and give out information about you to your military authorities.

National security and intelligence activities. We may give information about you to authorized federal government officials for them to conduct lawful intelligence, counter-intelligence, and other national security activities.

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Protective services for the President and others. We may give out information about you to authorized federal government officials for them to provide protective services to the President, to foreign government leaders, and to others whom they are authorized to provide such services, and for them to conduct authorized investigations.

Workers compensation. We may give out information about you in order to comply with workers' compensation laws and other similar programs established by law that provide benefits when you are injured or when you get ill at work.

### **Uses and disclosures that require your written authorization.**

Any other uses or disclosures of information about you, other than those listed above, will be made by us only with your written authorization. You may at any time revoke, in writing, any authorization you give, except to the extent that we have taken an action in reliance on your authorization.

This section on "Uses and Disclosures of Health Information" does not describe all the details regarding the uses and disclosures of information about you. For further information and details, and for any questions that you may have, please contact our Privacy Officer. The contact information is provided below in the "Contact" section of this Notice.

## **Your Rights**

You have the following rights:

- Request for Restrictions. You may ask us not to use or disclose any part, or all, of the information we have about you:
  - for purpose of carrying out treatment, payment, or health care operations ;
  - to anyone who is involved in your care or is paying for your care; or
  - for notification purposes, as described above under "Uses and Disclosures of Health Information."

If you are going to ask us for any such restrictions on how we are to use or give out information about you, you must clearly tell us what restriction(s) you are asking for. You must tell us what information you do not want us to use or disclose. You must also tell us to whom you do not want us to give the information about you.

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Please understand that you may ask us for such restrictions, but we are not required by law to agree to any such restrictions. If we do agree to your request, we will honor it until such time as when the request for restriction is withdrawn or terminated by you in writing.

- Request for Confidential Communication. You may ask us, in writing, to contact you in a certain way or at a certain place. For example, you may ask us not to call you by telephone, or to call you at a certain telephone number; or you may ask us to mail things to you at a certain address. As long as the request is reasonable, we will honor your request.
- Inspection and copying. In most cases, you have the right to look at or get a copy of the information we have about you in our medical and business records. If you request a copy of the information, or agree to a summary or explanation of the information, we will charge you a reasonable fee for the copying, postage, and/or preparing the explanation or summary, as applicable.

The law may not allow you to look at certain types of information about you. If we decide that you may not look at or copy certain information about you, under some circumstances, you may question that decision and have it reviewed.

- Request for amendment. If you believe that information about you in our medical or business record is incorrect or if important information is missing, you may ask us, in writing, that we amend the information. Under certain circumstances, we may deny your request, in whole or in part. If we deny your request, we will notify you of the denial. You may then submit to us a written statement of disagreement. We may then prepare a rebuttal and provide a copy of it to you.
- Accounting of disclosures. You have the right to receive a list of disclosures about you that we have made during a period of up to six years before the date of your request, but no earlier than April 14, 2003. Your request may state a shorter time period. The list will not include any disclosures made for purposes of carrying out treatment, payment, or health care operations. It will not include disclosures made to you, those made with your authorization, or those made for facility directory or notification purposes. There are other exceptions, restrictions, and limitations to this right.
- Paper copy of the Notice. You have the right to request and obtain a paper copy of this Notice of Privacy Practices, even if you have agreed to receive the notice electronically.

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This section on "Your Rights" does not describe all the details of your rights. Nor does it describe in detail all the exceptions, restrictions, and limitations that may apply to those rights. For further information and details, and for any questions that you may have, please contact our Privacy Officer. The contact information is provided below in the "Contact" section of this Notice.

### **Our Legal Duties**

We are required by law to:

- Protect the privacy of your personal health information;
- Provide this notice about our legal duties and privacy practices with respect to your health information; and
- To abide by what this Notice of Privacy Practices says.

Revising this Notice of Privacy Practices. We reserve the right to change this Notice of Privacy Practices, and to make the new (changed) Notice apply to all health information that we have at that time, including information about you that we obtained or created before the change. The new Notice will be posted in the Bulletin Board 1<sup>st</sup> level, by the elevators and on our web site at [www.hhsc.org](http://www.hhsc.org). You may also call the Privacy Officer and request that a copy of the revised Notice be sent to you by mail.

### **Complaints**

If you believe that we have violated any of your privacy rights, you may complain to us by calling or writing our Privacy Officer, whose name, telephone number, and address appear below. You may also complain to the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for questioning or complaining to us, or for filing a complaint against us.

Please contact our Privacy Officer for any further information about the complaint process.

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**Contact**

Please contact our Privacy Officer for any questions you may have, and for further information about anything in this Notice:

Chief Compliance and Privacy Officer  
Hawaii Health Systems Corporation  
3675 Kilauea Ave.  
Honolulu, HI 96816  
Tel: (808) 733-4033 or  
Toll Free: (800) 427-5940

**Effective Date**

APRIL 14, 2003