I. PURPOSE: To define the permitted uses and disclosures of protected health information for specialized government functions, without written consent or authorization of the individual or the opportunity for the individual to agree or object.

II. DEFINITIONS: None.

III. POLICY:
A. Permitted uses and disclosures:
   1. Military and veterans activities (see Attachment A):
      a. Hawaii Health Systems Corporation (HHSC) may use and disclose the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission.
      b. Authority is defined in notice published in the Federal Register with the following information:
         i. The appropriate military command authorities
         ii. The purposes for which the protected health information may be used or disclosed
   2. Foreign military personnel: HHSC may use and disclose the protected health information of individuals who are foreign military personnel to their appropriate foreign military authority for the same purposes for which uses and disclosures are permitted for Armed Forces personnel under the notice published in the Federal Register pursuant to Section A1.
   3. National security and intelligence activities:
      a. HHSC may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security activities.
      b. Authority is defined by the National Security Act (50 U.S.C. 401, et seq.) and implementing authority (e.g., Executive Order 12333).
   4. Protective services for the President and others:
      a. HHSC may disclose protected health information to authorized federal officials for the provision of protective services to the President or other persons.
      b. Authority is defined for provision of protective services as follows:
         i. To President or other persons: 18 U.S.C. 3056
         ii. To foreign heads of state or other persons: 22 U.S.C. 2709(A)(3)
         iii. For conduct of investigations: 18 U.S.C. 871 and 879.
   5. Correctional institutions and other law enforcement custodial situations: For permitted disclosures to a correctional institution or a law enforcement official having
lawful custody of an inmate or other individual, refer to HHSC policy on Release of Information for Law Enforcement Purposes (CMP 050A).

B. Release of information: The Health Information Management Department or its designee will receive and respond to requests for the disclosure of protected health information permitted under this policy.

C. Verification: HHSC will verify the identity and authority of the requestor prior to any release of protected health information as follows:
   1. Identify – in accordance with HHSC policy on Verification Prior to Disclosure (CMP 047A).
   2. Authority - as noted in Section A; or if not specifically noted, in accordance with HHSC policy on verification (CMP 047A).

D. Accounting for disclosure: An accounting of any disclosure under this policy will be made as directed by administrative policy on Accounting for Disclosures (CMP 0040), except for disclosures:
   1. For national security or intelligence purposes as provided in Section A-3 of this policy.

E. To correctional institutions or law enforcement officials as provided in Section A-5 and HHSC policy on Disclosure of Release of Information for Law Enforcement Purposes (CMP 050A). 164.512(k)(4).

F. HHSC facilities shall implement procedures to operationalize this Policy.

IV. APPLICABILITY: This Policy applies to all HHSC Facilities.

V. AUTHORITY: Standards for Privacy of Individually Identifiable Health Information (HIPAA), 45 CFR, Subtitle A, Subchapter C, Sections 164.512(k). CMP 047A; CMP 050A.

VI. ATTACHMENTS: Attachment A: "Request for Health Information on Active Military Personnel"
ATTACHMENT A
Request for Health Information on Active Military Personnel

45 CFR, 164.512(k)(1)(i): Uses and Disclosures for Armed Forces Personnel. A covered entity may use and disclose the protected health information (PHI) of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission if the appropriate military authority has published by notice in the Federal Register the following information: (A) Appropriate military command authorities, and (B) The purposes for which the PHI may be used or disclosed. DoD 6025.18-R, “DoD Health Information Privacy Regulation” (effective April 14, 2003) describes implementation of these provisions.

TO: ____________________________________________ (Name of facility or health care provider)

__________________________________________ is an active duty member of the Armed Forces and is under my command. I am requesting health information/records on said individual for the following reason(s):


☐ To determine the member’s fitness to perform any particular mission, assignment, order or duty, including compliance with any actions required as a precondition to performance of such mission, assignment, order, or duty.


☐ To report on casualties in any military operation or activity in accordance with applicable military regulations or procedures.

☐ To carry out any other activity necessary to the proper execution of the mission of the Armed Forces.

I understand that release of health information that contains HIV status, mental health information, or substance abuse treatment will be subject to specific consent from the individual as required under Hawaii State law.

Please complete only if another person has been designated to receive the PHI

I have designated the following individual to receive this information on my behalf to carry out an activity under my command:

Name of designated person: ____________________________________________

Signature of Commanding Officer ____________________________ Rank, Military ID# ____________

Print name of commanding officer ____________________________ Date ____________

To be completed if health designee picked up

Signature of designated person ____________________________ Rank, Military ID# ____________

Print name (designated person) ____________________________ Date ____________