I. PURPOSE: This Policy provides guidelines for the permitted uses and disclosures of PHI to persons who are involved with an individual's care. This includes notification, payment processing for health care, and disaster relief situations.

II. DEFINITIONS: None.

III. POLICY:

A. Involvement with care or payment for health care: Hawaii Health Systems Corporation (HHSC) may disclose an individual's protected health information to a family member, other relative or close personal friend of the individual, as well as any other person identified by the individual. HHSC may disclose only that information which directly relates to the person's involvement with the individual's care or payment related to the individual's health care.

B. Notification purposes: HHSC may use or disclose an individual's protected health information to notify or assist in the notification of a family member, personal representative or other person responsible for care of the individual. HHSC may disclose only the individual's location, general condition or death.

C. When the individual is present: If the individual is present and capable of making health care decisions, prior to the use or disclosure, HHSC must:
   1. Obtain the individual's agreement to disclose PHI;
   2. Provide the individual with an opportunity to object to the disclosure, and the individual does express an objection, or;
   3. Reasonably infers from the circumstances, based on the exercise of professional judgment that the individual does not object to the disclosure.

D. When the individual is not present: If the opportunity to agree or object to the disclosure is not practical due to an emergency situation, the individual's unavailability or incapacity, HHSC may exercise professional judgment and determine that the disclosure is in the best interest of the individual. HHSC may disclose only the protected health information that is directly related to the person's involvement with the individual's care or payment related to the individual's health care or needed for notification purposes. For example, HHSC may determine that it is in the individual's best interest to permit a person to act on the individual's behalf and pick up filled prescriptions, medical supplies, X-rays or similar forms of protected health information.
E.  *Disaster relief purposes:* HHSC may use or disclose protected health information to a public or private disaster relief organization for notification purposes to assist in disaster relief efforts. The requirements in paragraphs A, C and F of this policy, apply to the uses and disclosures of protected health information to the extent that HHSC, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances.

F.  *When the individual is deceased:* If the individual is deceased, HHSC may disclose, to a family member or other persons identified by the Privacy Rule who were involved in the individual’s care or payment prior to the individual’s death, PHI that is relevant to such person’s involvement, unless doing so is inconsistent with any prior expressed preference of that individual that is known to HHSC.

G.  HHSC facilities will implement procedures to operationalize this Policy.

IV.  **APPLICABILITY:** This Policy shall apply to all HHSC facilities.

V.  **AUTHORITY:** Standards for Privacy of Individually Identifiable Health Information (HIPAA), Final Rule, Section 45 CFR§164.510.

VI.  **ATTACHMENTS:** None.