I. PURPOSE:

To ensure that all HHSC employees protect, use, disclose, and provide access to Protected Health Information ("PHI") in a manner that is consistent with applicable laws, regulations and health information standards.

II. DEFINITIONS:


"Protected Health Information (PHI)" means information collected from an individual that is created or received by HHSC and
- relates to the past, present, or future physical or mental health or condition of the patient; the provision of health care to the patient; or the past, present, or future payment for the provision of health care to a patient, and that identifies the patient; AND
- Identifies the individual or creates a reasonable basis to believe the information can be used to identify the individual.

III. POLICY:

A. **Use and Disclosure of PHI** - HHSC is committed to protecting the privacy and security of PHI of all patients.

   a. HHSC employees will only use, disclose or provide access to PHI in accordance with state and federal law and regulations, including HIPAA.

   b. When using or disclosing PHI, or when requesting PHI from another Covered Entity, HHSC employees will make reasonable efforts to limit the uses and disclosures of PHI to the minimum necessary to accomplish the purpose of the use, disclosure, or request, unless otherwise excepted.
c. As a general rule, HHSC employees will only use or disclose PHI for the purposes of treatment, payment, or healthcare operations, unless otherwise permitted or required by law.

B. **Patient Access to PHI** - HHSC recognizes that every patient has the right to know and exercise their rights and responsibilities with respect to their PHI, subject to limitations laid out by law.

   a. HHSC employees will ensure that patients have notice of HHSC privacy practices.
   b. HHSC employees will ensure that they respond to every patient’s request to access, restrict, obtain, copy, amend, inspect, or have an accounting of disclosures of their medical record in a way that complies with applicable laws and regulations. If possible, HHSC employees will try to provide such information in the format requested by the patient.
   c. HHSC employees will cooperate with patients that want to file complaints about HHSC’s handling of their PHI without intimidation, coercion, discrimination, or retaliation.

C. **Inappropriate Use, Access, or Disclosure of PHI** - HHSC is committed to monitoring compliance with all HIPAA policies and procedures and mitigating, to the extent practicable, any harm resulting from the inappropriate use, access, or disclosure of PHI. HHSC encourages all of its employees to report any inappropriate use, access, or disclosure of PHI.

   a. HHSC Regional Compliance Officers will regularly monitor their facilities to ensure that compliance with HIPAA policies and procedures are being met.
   b. HHSC Regional Compliance Officers will thoroughly investigate, report, and mitigate all complaints of inappropriate use or disclosure of protected health information, in accordance with applicable state and federal laws and regulations.
   c. HHSC and its Regions will apply appropriate sanctions to all employees that violate the requirements of the HIPAA Privacy Rule and/or HHSC’s HIPAA privacy policy and procedures.

IV. **AUTHORITY:**
   - Hawaii Revised Statutes (HRS) Chapter 323F-7

V. **RELATED PROCEDURE(S):** N/A

VI. **REFERENCE(S):**
   - 45 CFR Parts 160, 162 and 164
   - Health Insurance Portability and Accountability Act of 1996
   - HITECH Act of 2009