

 <p><b>HAWAII HEALTH SYSTEMS CORPORATION</b> Quality Healthcare for All</p> <p><b>POLICY</b></p>	<p><b>Department:</b></p> <p>Quality Through Compliance</p>	<p><b>Policy No.</b></p> <p><b>CMP 0028A</b></p>
		<p><b>Supersedes Policy No.</b></p>
<p><b>Subject:</b></p> <p><b>Notice of Privacy Practices (HIPAA &amp; 42 CFR Part 2)</b></p>	<p><b>Approved By:</b></p> <p><i>Brenda S. Ho</i></p> <p>HHSC Board of Directors By: Brenda Ho Its: Secretary/Treasurer</p>	<p><b>Approved Date:</b></p> <p>February 16, 2026</p> <p><b>Last Reviewed:</b></p> <p>February 16, 2026</p>

**I. PURPOSE:**

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and its implementing regulations at 45 CFR Parts 160 and 164, require a covered entity to provide each patient with a Notice of Privacy Practices (“Notice”).

In addition, 42 CFR Part 2 requires enhanced confidentiality protections for records of patients who receive substance use disorder (“SUD”) diagnosis, treatment, or referral for treatment from federally assisted programs that hold themselves out as provided SUD treatment (“Part 2 Programs”) and requires that Part 2 Programs provide their patients with a specific Part 2 Notice detailing these enhanced confidentiality protections.

This policy describes how Hawaii Health Systems Corporation (“HHSC”) provides the required Notices to our patients and documents patient acknowledgement.

**II. DEFINITIONS:**

“Notice of Privacy Practices (“HIPAA Notice”)” is a document informing patients how HHSC may use and disclose Protected Health Information (“PHI”), the patient’s rights and HHSC’s legal duties with respect to a patient’s PHI . See Exhibit A.

“Part 2 Program Notice of Privacy Practices (“Part 2 Notice”)” is a document informing the patient how HHSC’s Part 2 Programs may use and disclose Part 2 Records and the patient’s rights and HHSC’s Part 2 Programs’ legal duties with respect to a patient’s Part 2 Records. See Exhibit B

“Protected Health Information (“PHI”)” is individually identifiable health information maintained or transmitted by HHSC in any form, as defined by HIPAA.

“Part 2 Program” is a federally assisted program that holds itself out as providing, and does provide, substance use disorder diagnosis, treatment or referral for treatment.

“Part 2 Records” are records that identify a patient as having, having had, or being diagnosed with a substance use disorder and that are created by a Part 2 Program.

“Personal Representative” is a person authorized under state or federal law to act on behalf of the patient, such as a parent, legal guardian, or other legally authorized representative.

### III. POLICY:

Individuals have the right to receive notice of the uses and disclosures of their PHI or Part 2 Records that may be made by HHSC or HHSC's Part 2 Programs, as well as their rights and HHSC's legal duties with respect to PHI and Part 2 Records. HHSC will provide patients the appropriate notice in accordance with this policy.

#### A. Distribution of Notices upon Treatment.

1. **HIPAA NOTICE.** All HHSC Facilities, including HHSC Part 2 Programs, must provide the HIPAA Notice, attached as Exhibit A, as follows:
  - a. When the HIPAA Notice must be provided.
    - 1) The HIPAA Notice must be provided to the patient no later than the first date of service, including telehealth; or
    - 2) In an emergency situation, as soon as reasonably practicable after the emergency treatment situation.
    - 3) Once provided, the HIPAA Notice need not be provided during subsequent encounters *unless it has been revised.*
    - 4) If the first service delivery is electronic, then the HIPAA Notice must be automatically and contemporaneously provided to the individual in response to the individual's first request for service.
  - b. Acknowledgment of Receipt of HIPAA Notice.
    - 1) HHSC will make a good faith effort to obtain a written acknowledgment of receipt of the HIPAA Notice from each patient.
    - 2) In emergency situations, acknowledgment must be obtained as soon as practicable after the emergency ends.
    - 3) If the patient refuses or is unable to sign, staff must document the reason in the electronic medical record (EMR).
    - 4) Treatment cannot be withheld if a patient refuses to sign the acknowledgment of receipt.
    - 5) If the notice was sent electronically because the first delivery of services was electronic, HHSC facilities must make a good faith effort to obtain a return receipt or other transmission from the individual in response to receiving the notice.
  - c. Who can receive HIPAA Notice. A personal representative (parent, legal guardian, or other legally authorized individual) may receive the Notice on behalf of the patient.
2. **Part 2 NOTICE.** HHSC Part 2 Programs must distribute the Part 2 Notice, attached hereto as Exhibit B, *in addition to* the HIPAA Notice as follows:
  - a. When the Part 2 Notice must be provided.
    - 1) The Part 2 Notice must be provided to the patient no later than the date of the first service delivery, including service delivered electronically; or
    - 2) In an emergency treatment situation, as soon as reasonably practicable after the emergency treatment situation.
    - 3) Once provided, the Part 2 Notice need not be provided during subsequent encounters *unless it has been revised.*
    - 4) If the first service delivery is electronic, then the Part 2 Notice must be automatically and contemporaneously provided to the individual in response to the individual's first request for service.

3. **E-mail Notice** . HHSC facilities and HHSC Part 2 Programs may provide the Notices required by this section to an individual by email, if the individual agrees to electronic notice and that agreement has not been revoked.
  - a. If an HHSC facility or HHSC Part 2 Program knows that the e-mail transmission has failed, a paper copy of the notice must be provided.
4. **Notice of Availability of Language Assistance Services**. Distribution of HIPAA Notices and Part 2 Program Notices must include the Notice of availability of language assistance services and auxiliary aids and services.

**B. Posting of Notices**

1. **Physical Location**. The following describes how both the HIPAA Notice and the Part 2 Notice must be posted in the physical locations of HHSC.
  - a. **HIPAA Notice**: All HHSC facilities must post the HIPAA Notice in a clear and prominent location accessible to individuals seeking treatment. Prominent locations include, but are not limited, to:
    - 1) Corporate and regional websites
    - 2) Admissions/registration areas
    - 3) Emergency Departments
    - 4) Obstetrics and Delivery Departments
    - 5) Laboratory and Imaging Departments
  - b. **Part 2 Notice**: HHSC Part 2 Programs must also post the Part 2 Notice in a clear and prominent location where it is reasonable to expect patients seeking service from the Part 2 Program can read the notice in a manner that does not identify the patient as receiving treatment or services for substance use disorder.
2. **Website**. HHSC facilities must post the HIPAA Notice in a prominent position on their website. HHSC Part 2 Programs must post the HIPAA Notice and the Part 2 Notice in a prominent location on their website.

**C. Request for Notices**

1. All HHSC facilities must have copies of the HIPAA Notice available on site for individuals to request to take with them.
2. HHSC Part 2 Programs must have copies of the Part 2 Notice on site for individuals to request to take them.
3. If an individual requests a copy of the HIPAA Notice or Part 2 Notice, HHSC facilities and HHSC Part 2 Programs must provide the individual with the requested copy.

**D. Revision of Notices**

1. Whenever there is a material change to either the HIPAA Notice or Part 2 Notice, HHSC facilities and HHSC Part 2 Programs must distribute the appropriate Notice to patients and post the revised appropriate Notice.

**E. Retention of the Notice**

1. HHSC will retain all versions of the HIPAA Notice and Part 2 Notice for at least six (6) years after the date on which each version was last effective.
2. Signed acknowledgment forms for HIPAA Notices will be retained in the patient's record for at least six (6) years from the date of signature.

**F. Questions and Complaints**

1. Patients or staff may contact HHSC's Privacy Officer or their Regional Compliance Officer about the HIPAA Notice or contact the designated Part 2 Program person about the Part 2 Notice.
2. Patients must be allowed to file a complaint with HHSC or HHSC Part 2 Program regarding their privacy rights without fear of retaliation.

**IV. APPLICABILITY:** This policy applies to all HHSC facilities and HHSC Part 2 Programs as stated in the policy.

**V. REFERENCES:**

- HIPAA 45 CFR §164.520 – Notice of Privacy Practices
- 42 CFR 2.22 NPP for Part 2 Programs
- HRS § 334-5 Confidentiality of records for mental health, mental illness, drug addiction, and alcoholism
- 45 CFR 92.11(c)(5)(ii) Accessibility Requirements

**VI. AUTHORITY:** Standards for Privacy of Individually Identifiable Health Information (HIPAA), 45 CFR, Subtitle A, Subchapter C, Section, 164.520 (c)(2)(i); 42 CFR 2.22.

**VII. ATTACHMENT:**

- Exhibit A : HHSC Notice of Privacy Practices
- Exhibit B: HHSC Part 2 Notice of Privacy Practices



## NOTICE OF PRIVACY PRACTICES

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### **Your Information. Your Rights. Our Responsibilities.**

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This notice describes how health information about you may be used and disclosed and how you can get access to this information.

**Please review this notice carefully.**

#### **Introduction**

The law gives you certain rights in relation to health information about you. Health information includes information about your identity, your address, your past, present, and future physical or mental health or condition, your related health care services, and your payment for such services. In addition, there might be certain health information identifying a Substance Use Disorder (SUD) that is created by a federally assisted Substance Use Disorder Treatment Program ("Part 2 Program") as that term is defined in the law that we receive. This type of health information is referred to as SUD treatment information.

This Notice of Privacy Practices ("Notice") describes how health information about you may be used and disclosed by Hawaii Health Systems Corporation ("HHSC"), your rights to your health information, and our responsibilities to protect this information under applicable laws, including the Health Information Portability and Accountability Act of 1996 ("HIPAA"). If we have received SUD treatment information about you, additional limitations and controls regarding use and disclosure of this information exists. The ways we use and disclose SUD treatment information is described at the end of this notice.

#### **Who Will Follow This Notice**

This Notice describes the privacy practices of the following facilities of HHSC:

- Honoka'a Hospital
- Hilo Benioff Medical Center (and clinics)
- Ka'u Hospital (and clinics)
- East Hawaii Health Clinics
- Kohala Hospital
- Kona Community Hospital
- Leahi Hospital
- Maluhia
- Samuel Mahelona Memorial Hospital (and clinics)
- Kauai Veterans Memorial Hospital
- Kauai Urgent Care at Poipu

HHSC requires healthcare providers that provide care at HHSC facilities to follow this Notice and safeguard your PHI unless those other healthcare providers give you their own notice of privacy practices that describes how they will protect your health information.

**Your Rights.** When it comes to your health information, you have certain rights. You have a right to:

**Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 calendar days. We may charge a reasonable cost-based fee. The law allows certain restrictions to certain types of health information about you. If we decide that you are restricted from seeing certain types of health information about you, you may question that decision and have it reviewed. Please contact the facility Health Information Management Department if you have questions about access to your health information.

**Ask us to amend your medical record.** You can ask us to amend health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say no to your request, but we'll tell you why in writing within 60 days.

**Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say yes to all reasonable requests.

**Ask us to limit what we use or share.** You can ask us **not** to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request and we may say no if it would affect your care. Please make the restriction request in writing to the facility's Health Information Management Department. Tell us specifically what restrictions you are asking for and to whom you want us to restrict giving your health information to.

If you pay for a service or health care item out of pocket and in full, you can ask us not to share that particular health information for the purpose of payment or our operations with your health insurer. We will say yes, unless a law requires us to share that particular health information.

We may terminate any previously agreed upon restriction of the sharing of health information if you agree to or request the termination in writing, you orally agree to the termination and that agreement is documented, or you are informed by us that we are terminating our agreement to a restriction. We cannot terminate an agreement we have to restrict disclosure of health information to a health plan for healthcare services that you have paid for in full.

**Get a list of those with whom we've shared health information.** You can ask for a list of the times we've shared your health information, who we shared it with, and why ("accounting of disclosures") for six years prior to the date you ask. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as those you asked us to make, disclosures for the facility directory, disclosures to family or friends involving your care, or as required by law. Your right to receive this information is subject to certain exceptions and limitations. Please contact the facility Health Information Management offices for further information. We'll provide one accounting of disclosures a year free of charge, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**File a complaint.** If you believe your privacy rights regarding your health information may have been violated, you can file a complaint with the Privacy Officer at the relevant HHSC facility (contact information below). You can also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights. You can find more information at <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>. **You will not be penalized for filing a complaint.**

## **OUR RESPONSIBILITIES.**

We are required by law to maintain the privacy of your health information and provide you with a notice of our legal duties and our privacy practices.

We are required to notify you if your unsecured health information was breached.

We are required to abide by the terms of the notice of privacy practices that is currently in effect.

We may change our notice of privacy practices at any time and we reserve the right to revise or amend this Notice. Those new Notice provisions will be effective for all health information that we maintain or create in the future. We will visibly post a copy of our current notice of privacy practices in the registration and business area(s) of our facilities and on our website at [www.hhsc.org](http://www.hhsc.org). You may also call the Privacy Officer of the facility and request that a copy of the revised Notice be sent to you by email.

## **OUR USES AND DISCLOSURES.**

**How we typically use your health information.** We typically use or share your health information in the following ways. This section does not automatically apply to SUD treatment information - more information on how we typically use your SUD treatment information is provided below.

**Providing you treatment.** We use your health information and share it with other health care professionals for the purpose of providing, coordinating and managing your health care. For example, we may disclose your lab work or x-rays to another physician if they are treating you for a health condition.

Health Information Exchanges (HIE). HIEs facilitate electronic transfer of health information to other facilities and providers for treatment purposes. We may participate in one or more HIEs. We may provide your health information and basic identifying information regarding your visits to our facilities to the HIE so that other providers participating in these HIEs may access this information as part of your treatment. You have a right to not have your information provided to the HIEs. This means that your health information may not be available to other providers except as otherwise permitted by law. To opt out, you may access the opt-out form through the Hawaii Health Information Exchange: [www.hawaiihie.org/wp-content/uploads/2017/06/New-Opt-Out-II\\_0.pdf](http://www.hawaiihie.org/wp-content/uploads/2017/06/New-Opt-Out-II_0.pdf) or request assistance from Health Information Management staff.

**Billing for your services.** We use your health information to bill and get payment from health plans or other entities for your service. For instance, we give information about you to your health insurance plan so that it will pay for the services you received.

**Running our organization.** We can use and share your health information to run our healthcare operations, improve your care and contact you when necessary. For example, we might use information about you to assess the quality of our services. We may also disclose your health information to third parties who perform various activities on our behalf, such as accounting, data analysis, and risk management.

We may disclose your health information for certain health care operations, including payment to certain business operations of another healthcare facility, provider, or third party as long as they have a relationship with you and the information is used for operations such as quality assessment and improvement, case management, and care coordination.

**Education and Training.** We may use and disclose your information to doctors, nurses, technicians, medical residents or fellows, and other hospital personnel for learning purposes. These same classes of individuals and other health care professional students may participate in your care, such as examinations or procedures, as part of our educational programs.

**Appointment reminders.** We may use your PHI to contact you by phone, email, SMS text, or letter, to provide appointment reminders.

**Fundraising.** We may also contact you to fundraise for the benefit of HHSC. We would disclose only contact information and the dates you received service at one of our facilities. You have a right to opt out of fundraising communications. ***If you do not want to be contacted, please contact the Privacy Officer at the facility.***

**Marketing.** We may use your health information only for the following marketing activities: 1) communicating with you face to face; or 2) providing you with a promotional product of nominal value. We will not disclose your health information for any other marketing activities without your written authorization.

**Other ways we can use and share your health information.** We are allowed or required to share your health information in other ways without your authorization. These situations are described below. We have to meet many conditions in the law before we can share your health information for these purposes. For more detailed information, visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**Help with public health issues.** We can share your health information to help with public health issues such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health and safety
- Preventing or controlling disease, injury, or disability
- Notifying a person who has been exposed to a disease
- Reporting births, deaths, and birth defects, and children at risk

**To a health oversight agency.** We can share your health information to agencies that are authorized by law to oversee the health care system, government benefit programs, or compliance with civil rights laws. This includes providing information for oversight activities such as audits, investigations, inspections, licensure or disciplinary actions or other civil or criminal proceedings.

**In legal proceedings.** We may disclose your health information in response to a court or administrative tribunal order or in response to a subpoena, discovery request, or another lawful process but only after efforts been made to tell you about the request or to obtain an order protecting the health information shared.

**To law enforcement.** We may disclose your health information to a law enforcement individual for a law enforcement purpose such as: pursuant to a legal process, providing limited information for identifying or locating a suspect, fugitive or material witness or missing person, pertaining to victims of a crime, to report certain types of wounds or physical injuries, suspicion that death has occurred as a result of criminal conduct, when a crime occurs on our premises, and certain medical emergencies not on our premises.

**For organ and tissue donation.** We may disclose your health information to an organ procurement organization as required or permitted by law.

**To coroners, medical examiners, and funeral directors.** We may give your health information to a coroner or medical examiner for the coroner or medical examiner to identify you upon your death and determine a cause of death or perform their other duties. We may also give your health information to a funeral director to carry out their duties.

**For research.** We may disclose your health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to protect the privacy of your health information. We may allow other researches to review your health information to prepare a plan for a specific research project, but none of your identifiable information will leave our facilities. We may use your health information to contact you about participating in a research study that you might be interested in. If you choose to participate, you will be asked to sign an authorization.

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

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

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

**Workers' compensation.** We may give out health 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.

**Proof of Immunizations.** We may give out proof of immunizations about an individual, who is a student or prospective student, where the school is required by law to have such proof, and we obtain documentation regarding the agreement to the disclosure from the personal representative or the individual, if the individual is an adult or emancipated minor.

**Inmates or individuals in custody.** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your health information to the correctional institution or to the law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**To avert a serious threat to health or safety.** We may share your health information, consistent with applicable law and standards of ethical conduct, if we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of a person or the public. The person we are sharing the information with will be someone who we believe is reasonably able to prevent or lessen the threat.

**Uses and Disclosures That You Will Have an Opportunity to Agree or Object To.** We will provide you the opportunity to agree or object to the following uses and disclosures. If you are not able to object, we may disclose

your health information if it is consistent with your known prior expressed wishes and it is determined to be in your best interest. We will provide you with an opportunity to object to further disclosures as soon as you are able.

**Facility Directory.** Unless you object, we will place some of your health information in our facility directory while you are a patient at one of our facilities. This information may include your name, location in the facility, your general condition (fair, stable, etc.) and your religious affiliation. Your religious affiliation may be given to a member of the clergy even if they don't ask for you by name. We provide this information so that friends and family and clergy can visit you and find out how you are doing. If you don't want this information listed in the directory, please notify the registration office.

**Individuals involved in your care or payment for your care.** Unless you object, we may notify a family member, or other person you identify, and provide them with health information about you that directly relates to that person's involvement in your health care. We may also give someone your health information if they help pay for your care. Finally, we may also provide information related to your location and general condition to those involved with your care. In the event of a natural disaster, we may provide your health information to disaster relief agencies, such as Red Cross, so that your family can be notified about your condition and location.

**Uses and Disclosures That Require Your Authorization.** Some uses and disclosures about your health information can only happen with your specific written authorization. Uses and disclosures that require your authorization are:

**Psychotherapy notes.** We must obtain your authorization for any use or disclosure of your psychotherapy notes unless the use and disclosure is necessary to carry out your treatment, it's used for our training programs for our mental health practitioners, or it is needed for defense in a legal action for limited purposes.

**Marketing.** We must obtain your authorization for any use or disclosure of your health information for marketing purposes except for those described earlier in this notice.

**Sale of your information.** We can only sell your health information with your specific written authorization.

Any other uses or disclosures of your health information, other than those listed in this Notice, will be made by us only with your written authorization. You are always free to revoke any authorization that you make if you do so in writing. Please contact the local Health Information Management office for assistance in revoking your authorization. Revoking your authorization will not change any disclosures we made prior to your revocation but will affect any use or disclosure after your revocation.

**Uses and Disclosures That are Forbidden, Restricted, or Require an Attestation.**

**Reproductive Health Care.** In Hawai'i there are special protections for your reproductive health information. We will not provide any of your reproductive health information to anyone requesting that information if they are requesting that information for the purposes of investigating or seeking to impose civil or criminal liability solely related to you seeking, asking about, receiving, or paying for reproductive health care services that are legal in this State. If we receive a request for your reproductive health information in situations where we are allowed or required to provide such information (such as for the purposes of health oversight activities, judicial proceedings, law enforcement, or for coroners and medical examiners), we will require an attestation from the requestor stating that they will not use that information for the purposes of investigating or seeking to impose civil or criminal liability related to you seeking, asking about, receiving, or paying for reproductive health care that is legal in this State. This does not limit your ability to authorize the release of your reproductive health information for any purposes. Please note that if you do provide written consent to release your reproductive health information, the person that receives the information may not be subject to Hawaii State law or HIPAA requirements and may disclose the information to others.

**Use and Disclosure of SUD treatment Information.** On occasion, we might receive certain health information that is created by a federally assisted Substance Use Disorder Treatment Program ("Part 2 Program") as that term is defined in the law. This type of health information, typically referred to as SUD treatment information, has stricter limitations on what and when it can be shared. Federal law prohibits any further disclosure of SUD treatment information unless further disclosure is **expressly permitted** by your consent or otherwise permitted by the law that governs SUD treatment information. This means that we will only use or disclose your SUD treatment information for treatment, payment or healthcare operations if you signed a consent form allowing us to use your SUD treatment information for treatment, payment, or healthcare operations. There are certain legally defined exceptions to this that allow us to share your SUD treatment information without your specific consent:

- **Medical emergencies.** We may use your SUD treatment information, without your consent, only to the extent needed to treat your emergency. We may also disclose your SUD treatment information without your consent, to medical personnel at the Food and Drug Administration (FDA) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacturing, labeling, or sale of a product under the FDA jurisdiction, and that your SUD treatment information will be used for the exclusive purposes of notifying patients and their physicians;
- **Communications between a Part 2 Program and an entity having direct administrative control over that Part 2 program.** If any of our facilities or regions have direct administrative control over a Part 2 program that generated your SUD treatment information, they are allowed to share your SUD treatment information without your consent among personnel having a need for the information in connection with their duties.
- **Reports of suspected child abuse and neglect.** We are allowed to report incidents of suspected child abuse and neglect to the appropriate state and local authorities without your consent.
- **Audits and evaluations.** Your SUD treatment information may be used or disclosed without your consent for audits and evaluations by a federal, state or local governmental agency or third-party payer or health plan or quality assurance entity in order to identify actions to improve care and outcomes for patients or to review appropriateness of medical care, medical necessity and utilization of services. Any entity that receives your SUD treatment information for this purpose must agree to strict limitations regarding your SUD treatment information.

**Court orders and hearings.** SUD treatment information records or testimony relaying the content of such records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless it is based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or to us as provided in the law. Any court order authorizing the use or disclosure of your SUD treatment information must be accompanied by a subpoena or other legal requirement compelling disclosure before that record can be used or disclosed.

**Fundraising.** We will not use or disclose any SUD treatment information for fundraising without your written consent. You will always have the right to opt out of receiving fundraising communications.

**Personal Representatives:** Disclosure to personal representatives is allowed only as permitted under federal laws governing SUD treatment information and applicable state law. For minors who may consent to substance use disorder treatment under Hawaii law, the minor is considered the "patient" under the law, and a parent or guardian does not have automatic access to their SUD treatment records.

## **Addresses on File**

HHSC has multiple information systems that house patient demographic and other data. Information related to you or your health information may be sent to any past, current, or future addresses on file for you or your parents, guardians, account guarantors, or insurance policy holders within any of our various systems. If you have any concerns

regarding any addresses that could be on file for you or your parents, guardians, minors, account guarantors, or insurance policy holders, contact the Privacy Officer in your Region.

## **Contact**

This Notice does not describe all the details regarding uses and disclosures of your health information. If you have any questions, need any assistance with the contents of this Notice, or if you want to file a complaint, please contact the Regional Privacy Officer as follows:

### **Hawai'i Island:**

Hilo Benioff Medical Center, Ka'u Hospital, Honoka'a Hospital, East Hawaii Health Clinics

Regional Compliance and Privacy Officer  
1190 Waiianuenue Ave.  
Hilo, HI 96720  
Tel: (808) 932-3113

Health Information Management  
Tel: (808) 932-3450  
Email: [hmcroi@hpsc.org](mailto:hmcroi@hpsc.org)

Kona Community Hospital, Kohala Hospital

Regional Compliance and Privacy Officer  
79-1019 Haukapila Street  
Kealahou, HI 96750  
Tel: (808) 322-6976

Medical Records Department  
Tel: (808)322-4473

### **Kauai Island:**

Kauai Veterans Memorial Hospital (KVMH), Samuel Mahelona Memorial Hospital (SMMH), Kauai Region Clinics

Regional Compliance and Privacy Officer  
P O Box 337  
Waimea, HI 96796  
Tel: (808) 338-9489 (KVMH) (808) 823-4163 (SMMH)

Health Information Department  
Clinic Records Tel: (808) 240-2793  
Hospital Records Tel: (808) 240-2786

### **Oahu:**

Leahi Hospital, Maluhia

Regional Compliance and Privacy Officer  
3675 Kilauea Avenue  
Honolulu, HI 96816  
Tel: (808) 733-7913  
Email: [oahuprivacyofficer@hpsc.org](mailto:oahuprivacyofficer@hpsc.org)

Medical Records/ Health Information Management

Leahi Hospital Tel: (808) 733-7945

Maluhia Tel: (808) 832-6184

Corporate Office:

Hawaii Health Systems Corporation Corporate Compliance and Privacy Officer

3675 Kilauea Avenue

Honolulu, HI 96816

Tel: (808) 733-4164

Email: [privacyofficer@hsc.org](mailto:privacyofficer@hsc.org)

**Compliance Hotline: (877) 733-4189**



## **PART 2**

### **NOTICE OF PRIVACY PRACTICES of**

**[Insert Part 2 Program or Clinic Name]**

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#### **Your Information. Your Rights. Our Responsibilities.**

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This notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

*You have a right to a copy of this notice in paper or electronic form and to discuss it with the regional privacy officer at [TELEPHONE] and [EMAIL] if you have any questions.*

**Please review this notice carefully.**

#### **Introduction**

Federal law provides specific protections for health information created by a federally assisted Substance Use Disorder ("SUD") Treatment Program ("Part 2 Program") as that term is defined in the law. Any type of health information that would:

- identify you as a patient as having or having had a substance use disorder, either directly or by reference to publicly available information, or through verification of your identity by another person; and
- contains substance use disorder information or alcohol use disorder information for the purpose of treating a substance use disorder, making a diagnosis for that treatment, or making a referral for that treatment; and
- that is created by a Part 2 Program

is referred to as "SUD treatment information" and is subject to these specific federal protections.

As a Part 2 Program, we are required to provide you this Notice of Privacy Practices that describes those additional protections for SUD treatment information. This notice supplements our HIPAA Notice of Privacy Practices and does not apply to information related to care provided outside of our Part 2 Program.

**Your Rights.** When it comes to your SUD treatment information, you have certain rights. You have a right to:

**Ask us to limit what we use or share.** You can ask us **not** to use or share certain SUD treatment information for treatment, payment, or for our operations even when you have signed a written consent for such disclosures. We are not required to agree to your request and we may say no if it would affect your care. Please make the restriction request in writing to the Program's Health Information Management Department. Tell us specifically what restrictions you are asking for and whom you want us to restrict giving your SUD treatment information to. If we agree to your request, we may still share your SUD treatment information where needed for emergency care or when required by law.

If you pay for a service or health care item out of pocket and in full, you can ask us not to share that particular SUD treatment information for the purpose of payment or our operations with your health insurer. We will say yes, unless a law requires us to share that particular health information.

**Get a list of those with whom we've shared health information.** You can ask us for a list of the times we've shared your SUD treatment information outside of our program, who we shared it with, and why ("accounting of disclosures") for three years prior to the date you ask. In addition, if you provided consent to share your SUD treatment information for treatment through a health information exchange, care management organization, or other intermediary, you have a right to a list of disclosures by those intermediaries for the past three years.

**Get a copy of this privacy notice.** You have a right to get a paper or electronic copy of this Notice.

**Ask questions.** You have a right to discuss this notice with our designated staff. Contact information for our designated staff is below.

**Fundraising Communications.** You have a right to elect not to receive fundraising communications from us.

## **OUR RESPONSIBILITIES.**

We are required by law to maintain the privacy of your SUD treatment information and provide you with a notice of our legal duties as it relates to your SUD treatment information and inform you of our privacy practices.

We are required to abide by the terms of the Notice of Privacy Practices that are currently in effect.

We are required to notify you if your unsecured SUD treatment information was breached.

We may change this notice of privacy practices at any time and we reserve the right to revise or amend this Notice. Those new Notice provisions will be effective for all health information that we maintain or create in the future. We will visibly post a copy of our current notice of privacy practices in the registration and business area(s) of our facilities. You may also call the designated contact person of the Part 2 Program (listed below) and request that a copy of the revised Notice be sent to you by email.

## **OUR USES AND DISCLOSURES.**

**We can share your SUD treatment information in certain situations, without your written consent, as follows:**

**Medical Emergencies.** We may use your SUD treatment information, without your consent, only to the extent needed to treat your emergency. We may also disclose your SUD treatment information, without your consent, to medical personnel at the Food and Drug Administration (FDA) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacturing, labeling, or sale of a product under the FDA jurisdiction, and that your SUD treatment information will be used for the exclusive purposes of notifying patients and their physicians;

**Communications between a Part 2 Program and an entity having direct administrative control over that Part 2 program.**

If any of our facilities or regions have direct administrative control over a Part 2 program that generated your SUD treatment information, they are allowed to share your SUD treatment information without your consent among personnel having a need for the information in connection with their duties.

**Qualified service organizations.** We are allowed to disclose your SUD treatment information to qualified service organizations that are providing services on our behalf.

**Crimes on Part 2 program premises or against our Part 2 program staff.** We are allowed to report to local law enforcement crimes you commit or threaten to commit in our facility or against our staff.

**Reports of suspected child abuse and neglect.** We are allowed to report incidents of suspected child abuse and neglect to the appropriate state and local authorities without your consent.

**Scientific research.** We are allowed to make disclosures of your SUD treatment information to qualified personnel for research subject to ethics board approval and oversight.

**Audits and evaluations.** Your SUD treatment information may be used or disclosed without your consent for audits and evaluations by a federal, state or local governmental agency or third-party payer or health plan or quality assurance entity in order to identify actions to improve care and outcomes for patients or to review appropriateness of medical care, medical necessity and utilization of services. Any entity that receives your SUD treatment information for this purpose must agree to strict limitations regarding your SUD treatment information.

**Court orders and hearings.** SUD treatment information records or testimony relaying the content of such records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless it is based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or to us as required by law (42 U.S.C. 290dd-2). Any court order authorizing the use or disclosure of your SUD treatment information must be accompanied by a subpoena or other legal requirement compelling disclosure before that record can be used or disclosed.

**Fundraising.** We may use or disclose your records to fundraise for the benefit of our Part 2 Program, but only if we provide you with a clear and conspicuous opportunity to elect not to receive fundraising communications first.

***In all other circumstances, we will ask for your consent to release your SUD treatment information outside of our Part 2 Program.***

**Uses and Disclosures That Require Your Written Consent.** The following are uses and disclosures that require your written consent:

**Persons you identify.** We may use and/or disclose your SUD treatment information to any person or category of persons you identify in your written consent. For example, you may sign a consent authorizing us to disclose your SUD treatment information to your family.

**Treatment, payment, and healthcare operations.** We may disclose your SUD treatment information, with your written consent for the purposes of providing you treatment, processing payment for your services, and to support the operations of our Part 2 Program. For example, with your written consent, we may provide your SUD treatment information to a hospital that is treating you for an injury, or we may provide your SUD treatment information to bill your insurance company for your services, or we may use your SUD treatment information as a case study on how to improve the quality of our care.

You may provide a single consent for all future uses or disclosures for treatment, payment and healthcare purposes.

**As a note: Records that are disclosed to another Part 2 program, healthcare provider or one of our vendors pursuant to your written consent for treatment, payment, and healthcare operations, may be further disclosed by those entities, without your written consent, to the extent allowed by the Health Insurance Portability and Accountability Act (“HIPAA”).**

**To prevent multiple enrollments.** We may disclose SUD treatment information, limited to identifying information, type and dosage of drug, and relevant dates, with your specific written consent, to a central registry or any withdrawal management or maintenance treatment program, not more than 200 miles away, for the purpose of preventing multiple enrollments. For example, we may share your limited SUD treatment information to local withdrawal management program with your written consent.

**Criminal justice referrals.** If you were mandated to treatment through the criminal legal system and you sign a consent authorizing disclosures to certain parts of the criminal legal system, we may disclose your SUD treatment information to those individuals that have a need for information in connection with their duty to monitor your progress. For example, with your written consent, we can disclose your SUD treatment information to a prosecuting attorney who is withholding charges against you.

## **Revoking Your Consent**

You are always free to revoke any consent that you make if you do so in writing. The ability to revoke a consent made for a criminal justice referral, however, is limited and should be clearly explained on the consent you signed. If you need assistance with revoking your consent in writing, please contact the designated person below for assistance. Revoking your consent will not change any disclosures we made prior to your revocation but will affect any use or disclosure after your revocation.

## **Complaints**

If you believe your privacy rights regarding your SUD treatment information may have been violated, you can file a complaint with our designated person (contact information below). You can also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights. You can find more information at <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>. **You will not be retaliated against for filing a complaint.**

## **Contact**

### **Kauai Island:**

**INSERT PART 2 PROGRAM CLINIC NAME HERE**

**INSERT TITLE OF PERSON DESIGNATED TO HANDLE PRIVACY COMPLAINTS FOR PART 2 PROGRAM**

Tel: **MUST INCLUDE TELEPHONE NUMBER**

EMAIL: **MUST INCLUDE EMAIL.**

### **Corporate Office:**

Hawaii Health Systems Corporation Corporate Compliance and Privacy Officer

3675 Kilauea Avenue

Honolulu, HI 96816

Tel: (808) 733-4164

Email: [privacyofficer@hhsc.org](mailto:privacyofficer@hhsc.org)

**Compliance Hotline: (877) 733-4189**