**POLICY**

**Subject:** HIPAA Avert Threat Health and Safety Use Disclosure

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**I. PURPOSE:** This Policy addresses prevention of serious and imminent threats to the health or safety of an individual or the public through the permitted uses and disclosures of protected health information.

**II. DEFINITIONS:** Not Applicable.

**III. POLICY:**

A. Hawaii Health Systems Corporation (HHSC) may use or disclose protected health information (PHI) if in “good faith” it believes the use or disclosure is:

1. Necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public, and
2. Provided to a person(s) reasonably able to prevent or lessen the threat, including the target of the threat.

B. **Imminent threat to health or safety of a patient:**

1. Under Hawaii State law, HRS 334-59, a provider may direct that a patient be hospitalized on an emergency involuntary basis if he/she is:
   a) Mentally ill or suffering from substance abuse;
   b) Imminently dangerous to themselves or others, is gravely disabled or is obviously ill, and;
   c) In need of care or treatment or both.
2. When HHSC feels it is necessary to petition for the involuntary emergency hospitalization, contact the State Attorney General or designee as necessary to facilitate the process.

C. **Imminent threat to health or safety of the public:** A health care professional will exercise professional judgment when determining if a patient presents an imminent threat to the health or safety of another person(s). In such a situation, the healthcare professional may either:

1. Notify the appropriate authorities, or;
2. Notify the intended victim.

D. **Identification and apprehension of a patient who may present an imminent threat to the safety of the public:** HHSC may disclose protected health information if in “good faith” it believes the use or disclosure is necessary for law enforcement authorities to identify or apprehend a patient if:
1. it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody, or:

2. Where the patient has made a statement admitting participation in a violent crime that HHSC reasonably believes may have caused serious physical harm to a victim.

3. Exception: Disclosure is not permitted if the individual’s statement admitting participation in a violent crime that may have caused serious harm to a victim is discovered:
   a) Through the course of treatment, counseling or therapy to affect the propensity to commit the criminal conduct, or;
   b) Through a request by the patient to initiate or be referred for the treatment, counseling or therapy to affect the propensity to commit the criminal conduct.

E. The release of protected health information to law enforcement (CMP 0050) shall be limited to only the statement made and the following information:
   1. Name and address
   2. Date and place of birth
   3. Social security number
   4. ABO blood type and Rh factor
   5. Type of injury
   6. Date and time of treatment
   7. Date and time of death, if applicable
   8. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars and tattoos.

F. Accounting for Disclosure: An accounting of any disclosure under this policy will be made in accordance with the HHSC policy on Accounting for Disclosures (CMP 0040).

G. HHSC use or disclosure of protected health information under this policy is in “good faith” so long as the belief is based upon the HHSC’s actual knowledge or in reliance on a credible representation by a person with apparent knowledge or authority.

H. HHSC facilities shall institute operational procedures to implement this Policy.

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


VI. ATTACHMENTS: None.