

DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION (ADAD)
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. THIS NOTICE OF PRIVACY PRACTICES SHALL TAKE EFFECT on September 23, 2013.

Understanding Your Health Record/Information:

The Hawaii State Department of Health, Alcohol and Drug Abuse Division (ADAD) must keep information about your health care confidential. Information regarding your health care is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. §1320d *et seq.*, 45 C.F.R. Parts 160 and 164, and the Confidentiality Law, 42 U.S.C. §290dd-2, 42 C.F.R. Part 2. Under these laws, ADAD may not tell anyone that you attend or have ever attended a substance abuse program, nor may ADAD give out any information identifying you as an alcohol or drug abuser, or give out any other health information about you without your authorization, except as described in this notice or required by law. Your health record contains your symptoms, examination and test results, diagnoses, treatment (e.g. outpatient counseling) and a plan for future care or treatment. This information serves as a:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third party payer can verify that services billed were actually provided;
- A tool in educating health care professionals;
- A source of data for health research;
- A source of information for public health officials charged with improving the health of the nation;
- A source of data for facility planning; and
- A tool with which your treatment provider can assess and continually work to improve the care he or she renders and the outcomes he or she achieves.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy;
- Better understand who, what, when, where and why others may access your health information;
- Make more informed decisions when you agree to give information to others.

Your Health Information Rights:

ADAD collects limited information about you and does not maintain your health records. Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to review your complete health information. Your health information is available from your substance abuse treatment program. You have the right to ask your treatment program to:

- Limit the use and/or disclosure of your medical information as provided by 45 C.F.R. §164.522;
- Obtain a paper copy of this notice of information practices upon request;
- Inspect and copy your health record as provided for in 45 C.F.R. §164.524;
- Amend your health record as provided in 45 C.F.R. §164.526;
- Obtain an accounting of the disclosure of your health information during the six years prior to your request as provided in 45 C.F.R. §164.528;
- Request communications of your health information by alternative means or at alternative locations;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken;
- Restrict disclosure of your health information to a health plan for services you have paid for out-of-pocket and in full.

You also have the right to give permission for most uses of your health information. Only with your authorization, will ADAD use or disclose your information for the following purposes:

- Marketing;
- What may constitute a sale of your protected health information (PHI);
- Psychotherapy notes (if we maintain psychotherapy notes); and
- Other uses and disclosures not described in this Notice.

There are stricter Federal and State requirements for use and disclosure for some types of protected health information, for example, mental health, substance abuse, developmental disabilities, and Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), and AIDS - Related Complex (ARC) information. However, there are still limited circumstances in which these types of information may be used or disclosed without your authorization.

ADAD Responsibilities:

ADAD pays for substance abuse treatment using State and Federal money. ADAD is required to:

- Maintain the privacy of your health information by law;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice; and
- Notify you in the event your information has been breached.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the program that provided your treatment within sixty (60) days.

Examples of Disclosures for Payment and Health Operations:

ADAD will use your information for payment.

For example: Your substance abuse treatment program will send a bill to ADAD that may contain information that identifies you, as well as your diagnosis and treatment. ADAD will then use this information to pay the treatment program. Your health information is available from your substance abuse treatment program. In situations where ADAD must use your Protected Health Information (PHI) for billing purposes, you have the option to self-pay for your treatment. However, if you decide not to self-pay, you will have to authorize the release of your PHI for purposes of payment.

ADAD may use your health information for day-to-day treatment program operations.

For example: ADAD staff may use information in your health record to assess the care and outcomes in your case and others like it and to justify funding from the state and federal government. This information will then be used in an effort to improve continually the quality and effectiveness of the healthcare and service your treatment program provides.

Examples of Uses and Disclosures Not Requiring Your Permission:

- *Business Associates/Qualified Service Organizations:* There are some services provided for ADAD through contracts with business associates or qualified service organizations. Examples include an auditor who reviews ADAD records for financial accountability.
- State mandated reporting of suspected child abuse or neglect.
- Communications that do not disclose client identifying information.
- By a valid court order authorizing disclosure accompanied by a subpoena to compel disclosure.
- To Medical personnel for a bona fide medical emergency of patient or any other individual.
- To medical personnel of the FDA when they have reason to believe that the health of any individual may be threatened by an error in manufacture, labeling or sale of product under FDA jurisdiction.
- For research purposes, provided a waiver from either an Institutional Review Board (IRB) or a Privacy Board has first been obtained.
- For crimes committed on program premises or against program personnel.
- For purposes of audit and evaluation.
- *Public Health:* As required by law, we may disclose your health information to public health or legal authorities preventing or controlling disease, injury or disability.
- *Health Oversight:* Federal and State laws allow for your health information to be released to investigate fraud and abuse, for licensing and for program quality.

For More Facility or Provider Information or to Report a Problem:

If you have questions or would like to report a problem, you may contact the ADAD Privacy Coordinator in writing at the Alcohol and Drug Abuse Division, Kakuhihewa Building, 601 Kamokila Boulevard, Room 360, Kapolei, HI 96707 or call (808) 692-7529. You may also call the Department of Health Privacy Officer at (808) 586-4111.

If you believe your privacy rights (under 45 C.F.R.) have been violated, you can file a written complaint with the ADAD Privacy Coordinator or with the United States Department of Health and Human Services—Office of Civil Rights, U.S. Dept. of Health and Human Services, 90 7th Street, Suite 4-100, San Francisco, California 94103. Phone (415) 437-8310; (415) 437-8311 (TDD); fax (415) 437-8329. There will be no retaliation for filing a complaint.

Violation of the Substance Abuse Confidentiality Law, 42 U.S.C. §290dd-2, 42 C.F.R. Part 2 by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the ADAD Privacy Contact or with United States Attorney in the district where the violation occurs. There will be no retaliation for reporting a violation.

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NOTICE OF PRIVACY PRACTICES

My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices.

Signature of Client or Legal Representative Date

If signed by Legal Representative, relationship to client: _____

Signature of staff giving Notice of Privacy Practices _____ Date _____
(with/without client signature/acknowledgement)

Distribution: Original to client, copy to substance abuse treatment program

THIS NOTICE IS AVAILABLE IN BIGGER PRINT UPON REQUEST.

Revision History: 4/14/03; 8/01/07 (a) and (b); 2/17/09; 9/23/13