



## Privacy Notice

**This notice describes how medical and drug and alcohol related information about you may be used and disclosed and how you can get access to this information.  
PLEASE REVIEW THIS NOTICE CAREFULLY.**

Information regarding your health care, including payment for 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 & 164, and the Confidentiality Law 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Hina Mauka Recovery Center (Hina Mauka) may not say to a person outside Hina Mauka that you attend the program, nor may Hina Mauka disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as described in this notice and is permitted by federal law. In the event that Protected Health Information (PHI) is covered by more stringent state or federal laws, Hina Mauka will abide by the stricter condition.

### I. What is Protected Health Information (PHI)?

Your PHI is health information that contains identifiers, such as your name, social security number, or other information that reveals who you are: For example, your clinical record is PHI because it includes your name and other identifiers.

In the course of providing substance abuse treatment, we collect various types of PHI from persons receiving treatment programs and other sources such as health care providers. Your clinical record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care of 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 medical research;
- A source of information for public health officials charged with improving the health of the nation;
- A source of data for facility planning;
- A tool with which your treatment provider can assess and continually work to improve the care they render and the outcomes they achieve.

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.

### II. Hina Mauka's Responsibility to Protect Your PHI

By Law, we must:

- Protect the privacy of your PHI;
- Provide you with this notice of your rights and our legal duties with respect to your PHI, and
- Follow the terms of the notice currently in effect.

Hina Mauka must obtain your written consent before it can disclose information about you for payment purposes. For example, Hina Mauka must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Hina Mauka can share information for treatment purposes or for health care operations. However, federal law permits Hina Mauka to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/ business associate;
2. For research, audit or evaluations;
3. To report a crime committed on Hina Mauka's premises or against Hina Mauka personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order;
7. In the case of disaster relief, unless otherwise directed by you at the time.

Before Hina Mauka can use or disclose any Information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing except to the degree that information has already been disclosed or is irrevocable.

**Your Rights – You have the right to:**

1. **Obtain a paper copy of this notice upon request.** You may request a copy of the Notice at any time. Even if you have agreed to receive the notice electronically, you are entitled to a paper copy. To obtain a paper copy, contact the Privacy Officer at 808 236-2600 ext. 241.
2. **Request a restriction on certain uses and disclosures of PHI.** You have the right to request additional restrictions on Hina Mauka's use or disclosure of PHI about you by sending a written request to: Privacy Officer c/o Hina Mauka, 45-845 Po'okela Street, Kaneohe Hawaii 96744. Hina Mauka is not required to agree to the additional restrictions you request. If it does agree then it is bound by that agreement.
3. **Inspect and obtain a copy of PHI.** You have the right to inspect and obtain a copy of the PHI about you contained in a designated record for as long as Hina Mauka maintains the record. The record will usually include the clinical and billing record information. To inspect or receive a copy of your PHI for your inspection, you must send a written request to: Records Custodian c/o Hina Mauka, 45-845 Pookela Street, Kaneohe Hawaii 96744. Hina Mauka may charge you a fee for the costs of copying, mailing or other supplies that are necessary to grant each request. Hina Mauka may also deny your request to inspect and copy in certain limited circumstances. If denied access to you PHI, you may request a review of the denial.
4. **Request an amendment of PHI.** If you believe that your PHI maintained by Hina Mauka is incomplete or incorrect, you may request that Hina Mauka amend it. You may request an amendment for as long as Hina Mauka maintains the PHI. To request an amendment, you must send a written request to: Records Custodian c/o Hina Mauka, 45-845 Pookela Street, Kaneohe Hawaii 96744. In addition you must include a reason that supports your request. In certain cases, Hina Mauka may deny your request. If Hina Mauka denies your request for amendment, you have the right to file a statement of disagreement with the decision and Hina Mauka will reply.
5. **Receive an accounting of disclosures of PHI.** You have the right to receive an accounting of the disclosures we have made of your PHI for the purposes other than treatment, payment, or client care operations. The accounting will exclude disclosures made directly to you, disclosures to friends or family members involved in your care, incidental disclosures permitted by law, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions and/or limitations. To request an accounting of disclosures of you PHI you must send a written request to: Records Custodian c/o Hina Mauka, 45-845 Pookela Street, Kaneohe Hawaii 96744. Your request must specify the accounting time period, but may not be longer than six years. You may be charged for the cost of the accounting. Hina Mauka will notify you of the charge and you may modify or withdraw your request at that time.
6. **Request communication of PHI by alternative means or at alternative locations.** You may request that Hina Mauka contact you about treatment matters only in writing and that the communication be sent to a different residence or post office box. To request confidential communication of PHI about you, submit your request to: Records Custodian c/o Hina Mauka, 45-845 Pookela Street, Kaneohe Hawaii 96744. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests. However, in the event that Hina Mauka incurs additional expenses to comply with your request to contact you by alternative means, Hina Mauka reserves the right to charge you for those expenses.

### Examples of How Hina Mauka May Use and Disclose PHI

The following categories describe and provide examples of different ways that we use and disclose PHI about you

1. **Hina Mauka will use your information for payment.** For example, Hina Mauka will send a bill to Department of Health, Alcohol and Drug Abuse Division ADAD, private or government insurance provider, or other 3<sup>rd</sup> party payer that may contain information that identifies you, as well as your diagnosis and treatment. ADAD or other payer will then use this information to pay Hina Mauka. Your health information is available from Hina Mauka.
2. **Hina Mauka may use your health information for day-to-day treatment program operations.** For example: Hina Mauka staff may use information in your health record to assess the care and outcomes in your case and others like it and to provide information to ADAD that would in turn justify funding from the state and federal government. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service Hina Mauka provides.
3. **Hina Mauka will use PHI for Treatment.** For example: Information obtained during initial interviews, or with subsequent meetings with clinical staff for assessment, process group classes, or individual counseling sessions, or any other treatment activity will be utilized to provide an effective treatment plan and to assist you in the completion of the treatment process. We will document all significant events of your treatment episode and will maintain your clinical record in accordance with acceptable stands outlined by Certification and Licensing bodies. We will use PHI to communicate to other health care providers that may be providing adjunct services such as a psychiatrist, doctor, or Dentist.

### Other Uses or Disclosures of PHI

**Business Associates:** There are some services provided for Hina Mauka through contracts with business associates. Examples include an auditor who reviews Hina Mauka records for financial accountability.

**Research:** Hina Mauka may give information to researchers when their research has been approved by an Institutional Review Board (IRE) that has reviewed a research proposal and established procedures to ensure the privacy of your health information.

**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.

**Personal Communications:** Hina Mauka may contact you for follow-up or to identify your reason for non-attendance at a prescribed meeting or for other issues that relate to your treatment.

**Incidental Disclosures:** We may disclose PHI incidental to our provision of treatment, payment, or operations. Some examples: Hina Mauka personnel may call you by full name in the lobby where others are present; Passers by may overhear conversations with insurance provider or funding source.

**Law Enforcement:** Hina Mauka may disclose PHI about you when required by law or in response to a valid court order.

**Inmates:** Under federal law that requires us to give you the Notice, inmates do not have the same rights to control their PHI as other individuals. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional institution, or the law enforcement official for certain purposes; for example to protect your health or someone else's safety.

**Military:** If you are a member of the armed forces, Hina Mauka may disclose PHI about you to command authorities.

**Minors:** In most situations a parent or guardian has the right to act as the personal representative of their minor children. However, in some circumstances, state laws treat minors as adults with respect to health care services. In those cases Hina Mauka will follow all state and federal laws regarding disclosure of PHI for minors.

**Health Oversight:** Federal and State law allow for your health information to be released to investigate fraud and abuse, for licensing and for program quality.

Hina Mauka may change this notice and our privacy practices at any time, as long as the change is consistent with state and federal law. Any revised notice will apply both to PHI we already have about you at the time of the change and any PHI created or received after the change takes effect. We will notify you of the change to our practice upon request.

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

If you have questions and would like additional information, you may contact the HINA MAUKA Privacy Contact at the Kaneohe facility, 45-845 Pookela St. Kaneohe, Hawaii 96744, or call the Privacy Contact at (808) 236-2600 ext.241. If you are not able to find the answers you seek, you may call the Department of Health Privacy Officer at (808) 692-7506 to provide you with further information.

If you believe your privacy rights (under 45 CFR) have been violated, you can file a written complaint with the HINA MAUKA Privacy Contact, the ADAD Privacy Contact Department of Health, Alcohol and Drug Abuse Division, Kakuhihewa Building, 601 Kamokila Blvd., Room 360, Kapolei Hawaii 96707, or with the United States Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201. 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 HINA MAUKA Privacy Contact or with United States Attorney in the district where the violation occurs. There will be no retaliation for reporting a violation.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_

If signed by Legal Representative, relationship to client: \_\_\_\_\_

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

**This Notice is available in bigger print upon request**