

Notice of Privacy Practice

Effective April 14, 2003

Adult Mental Health Division
("AMHD")

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Record/Information

There are stricter Federal and State requirements for use and disclosure for some types of PHI, for example, mental health, substance abuse, developmental disabilities, and HIV/AIDS/ARC information. However, there are still limited circumstances in which these types of information may be used or disclosed without your authorization.

Each time you visit your Case Manager, therapist, physician, or other healthcare provider, a record of this visit is made. Typically, your problems, examination results, and treatment plan information are recorded. We call this your legal health or medical record, and it describes the care you received. This information is used to:

- Plan your care and treatment
- Communicate with other health professionals involved in your care
- Check to see that the bills for service sent by the treatment professionals were actually provided

Sometimes portions of this information *that do not identify you* are used for:

- Medical/mental health research
- Planning and improving treatment and services in general
- Improving the health of people
- A tool for public health officials to assist them with improving the health of the nation

Knowing what is in your record helps you ask questions about how information will be used when you authorize disclosure to others and to ensure that the information is accurate.

Your Health Information Rights:

Although your record is the physical property of AMHD or the facility that compiled it, the information belongs to you. You have the right to:

- Ask that certain information not be disclosed for particular reasons. However, AMHD will inform you if they are not in agreement;
- Receive confidential communications of your protected health information;
- Inspect and copy your health record;
- Amend your health record;
- Be informed of any disclosures of your health information;
- Request communications of your health information by alternative means or at alternative locations; and
- Withdraw your authorization to use or disclose health information in the future except to the extent that action has already been taken.

Our Responsibilities:

AMHD is required to:

- Ensure the privacy of your health information;
- Notify you about our legal duties and privacy practices regarding information we collect and maintain about you;
- Honor the terms of this notice; and
- Accommodate any reasonable requests you may have to communicate health information by alternative means or at alternative locations.

AMHD reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our practices change, we will mail a revised notice (within 60 days) to the address you've supplied us.

AMHD will not use or disclose your health information without your authorization except in certain situations that are listed in the following section.

Examples of Disclosures for Treatment, Payment and Health Operations

Your health information will only be used when it is necessary for AMHD to carry out the functions of our tasks. If your health information needs to be shared with other agencies or providers, AMHD will require those agencies or providers to protect this health information. And then, only the minimum necessary amount of

your health information will be released in order for that entity to carry out the functions of their tasks. AMHD will use and share your health information for:

Treatment. For example: Information obtained by your case manager, service provider or other member of your treatment team will be recorded in your file/record and used to determine the most appropriate course of care for you. Your provider will document in your record expectations of the members of your treatment team. Members of your treatment team will then record the actions they took and their observations. In that way the care coordinator will know if they are attaining the goals developed by the treatment team.

Payment. For example: A bill may be sent to AMHD or to a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and services that were provided.

Regular Health Operations. For example: Members of the fiscal staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide.

Other Uses or Disclosures (Authorization not Necessary)

Business Associates: There are some services provided in our organization through contracts with business associates. Some examples may include independent auditors who monitor AMHD's compliance, the State's Office of the Attorney General, or an accreditation body, such as CARF. This information will then be used in an effort to continually improve the quality, appropriateness and effectiveness of the mental health services we provide.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to that person, depending on that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when an Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional institution: If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals

Victims of Abuse (including Child Abuse), Neglect or Domestic Violence: Should AMHD suspect or receive a report that you are the victim of abuse or neglect at the hands of a parent, foster parent, family member, guardian or provider, AMHD will report the suspected abuse or neglect to the necessary authorities, e.g., CPS, APS, Police, etc. Some of the information that we report may contain limited health information about you.

Specialized Government Functions: AMHD may disclose health information for national security and intelligence and protective services for the President and others as required by law.

Judicial and Administrative Hearings: AMHD may disclose protected information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Other Government Agencies or organizations, providing Benefits or Services: AMHD may share information with other government agencies or organizations that are providing benefits or services when the information is necessary in order for you to receive those benefits or services.

For More Information or to Report a Problem

If you have questions and would like additional information or wish to file a privacy complaint, please contact the Client Advocate at the nearest center:

CENTRAL OAHU	453-5950	HILO	(808) 974-4300
DIAMOND HEAD	733-9260	KONA	(808) 322-4818
KALIHI-PALAMA	832-5800	KAUAI	(808) 274-3190
WINDWARD OAHU	233-3775	MAUI	(808) 984-2150

You may also contact by telephone or in writing :
AMHD Privacy Coordinator
Hawaii State Hospital
45-710 Keaahala Road
Kaneohe, Hawaii 96744
Phone: 808-236-8393

If you believe your privacy rights have been violated, complaints may be filed with the covered entity or Secretary of Health and Human Services at:

Office of Civil Rights
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., HHH Bldg., Room 509H
Washington, DC 20201
Phone: 866-627-7748
TTY: 886-788-4989
E-mail: www.hhs.gov/ocr

There will be no retaliation for filing a complaint.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more consumers, workers or the public.

Privacy Practices Acknowledgement

My signature below indicates that I have been provided with a copy of the notice of privacy practices.

Name

Birthdate

Signature

Date

If signed by a legal representative, relationship

Effective Date: April 14, 2003

Distribution: Original to AMHD; copy to Consumer
01/03