



HO'OLA NĀ PUA

NOTICE OF PRIVACY PRACTICES

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

Your Personal Information – Protecting Your Privacy

It is your right as a person receiving services from Ho'ōla Nā Pua (HNP) to be informed of the privacy practices of HNP as well as to be informed of your privacy rights with respect to your personal information. This notice of privacy practices is intended to provide you with this information.

Ho'ōla Nā Pua's Responsibilities:

It is your right to be informed of HNP's legal duties with respect to protection of the privacy of your personal information.

HNP is required to:

- Maintain the privacy of your personal information,
- Provide you with a notice of the legal duties and privacy practices regarding personal information collected and maintained about you; and
- Abide by the terms of this notice.

HNP reserves the right to change the terms of the notice of privacy practices and make the new notice provisions effective for all personal information that it maintains. HNP also reserves the right to change the terms of its notice with respect to any applicable more limited uses and disclosures.

HNP will promptly revise and distribute its notice whenever HNP makes a substantial change to any of its privacy practices.

HNP will not use or disclose your personal information without your written authorization, except as described in this notice. If you are a minor, your parent or legal guardian may have a right to access to your records and to authorize or deny disclosure of your personal information to another person or entity.

Your Personal Information Rights:

You have the right to:

1. **Request a restriction on certain uses and disclosures of your personal information** even if the restriction affects your treatment or HNP's payment or care activities. However, HNP is not required to agree to your requested restriction. Example: HNP providers will document phone calls, messages, and e-mails and this documentation will become part of the client's file.
2. **Receive confidential communications:** You have the right to request that HNP communicate your personal information to you by alternative means or at alternative locations. HNP shall accommodate reasonable requests. Example: You may request to be contacted at a phone number that is different from the phone number listed on your intake paperwork or to have your bill mailed to an alternate address.

3. **Inspect and obtain a copy of your personal record:** You have the right to inspect and obtain a copy of your personal record. If you are younger than 18 years of age, your legal guardian (parent or personal representative) may also inspect your personal record. This request for access to your personal record must be submitted in writing to program staff or Human Resources. This right does not apply to certain types of psychotherapy notes and HNP may charge you a reasonable fee for a copy of your personal record. For example, you may request a copy of your health care records from your provider.
4. **Amend your personal record:** You or your legal guardian or personal representative if you are under the age of 18, and not legally emancipated have the right to request an amendment to your personal record if you believe your personal information is incorrect or incomplete. You may be asked to make this request in writing and state the reason why your personal record should be changed. If HNP did not create the personal information you believe is incorrect or if HNP disagrees with you, HNP may deny your request or may note the disagreement. For example, if you believe that information in your medical history is incorrect, such as your birth date, you may request that this information be amended.
5. **Obtain an accounting of disclosures of your personal information:** You have the right to an accounting of disclosures of your personal information that HNP has made in compliance with state and federal law. The accounting will describe the dates of each disclosure, a brief description of the information disclosed and the reason for disclosure. You will receive one accounting per year at no charge and HNP may charge you a reasonable fee for each subsequent request. For example, you may request an accounting of disclosures made from your personal record in the last year to the State for disease reporting.
6. **Obtain a paper copy of the notice upon request:** You have the right to obtain a paper copy of the notice upon request. For example, if you received the notice electronically, you may request that HNP provide a paper copy of the notice.

Uses and Disclosures

HNP, with your authorization and according to state law, is permitted to use or disclose your personal information for the following purposes:

1. **Ho‘ola Na Pua may use or disclose your personal information for treatment:** HNP may use or disclose your personal information in the provision, coordination or management of your care.
Example: Your information may be disclosed from one physician to another if they are consulting each other in relation to your care and treatment.
Example: HNP may send you information about treatment alternatives or other personal related services that may be of interest to you.
2. **Ho‘ola Na Pua may use or disclose your personal information for payment:** HNP may use or disclose your personal information to obtain reimbursement for the provision of care services. The bill may include information that identifies you, your diagnosis and your treatment.
Example: HNP may use or disclose your information to your insurer to obtain payment for the provision of care services.

3. **HNP may use or disclose your personal information for care operations:** HNP may use or disclose your personal information for evaluation of client care services, evaluating the performance of care providers, activities relating to compliance with the law, and business planning and development. You have the right to opt out of fundraising communications. Example: HNP may review your personal record to determine the efficiency of the services provided to you.
Example: HNP may contact you as part of a fundraising activity sponsored by your care provider; **you have the right to say no.**
Example: HNP may release limited details of your care (without identifying factors) to a foundation in order to solicit funds to care for others.
Example: HNP may contact you to remind you of an appointment. This includes leaving a voicemail message.

Uses or Disclosures of Your Personal Information Permitted Without Your Authorization

Without your written authorization, Ho‘ola Na Pua may use or disclose your personal information for the following purposes:

1. **As required by law:** HNP may use or disclose personal information to the extent that the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law. Uses or disclosures required by federal privacy rule and limited by the more protective requirements of state law include the following:
 - Disclosures about victims of elderly, vulnerable adult or child abuse;
 - Disclosures for judicial and administrative proceedings; or
 - Disclosures for law enforcement purposes.
2. **Public health:** As required by law, HNP may disclose your personal information to the State of Hawaii for the purpose of statutory reporting.
HNP may disclose your personal information excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result to a state or federal public health agency for the purpose of preventing or controlling disease, injury or disability.
HNP may disclose your personal information excluding your HIV test result without your authorization to a county agency investigating child abuse.
HNP may disclose your personal information excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result without your authorization to the Food and Drug Administration (FDA).
HNP may disclose your HIV test result without your authorization to a person that may have sustained a contact that carries a potential for transmission of HIV.
HNP may disclose your personal information that is reasonably related to a work related illness or injury if an application for workers’ compensation has been filed.
3. **Victims of abuse, neglect or domestic violence:** HNP may disclose personal information except for an HIV test result if HNP reasonably believes that an individual is a victim of child abuse.
All HNP staff are mandated reporters, and are required by law to make a report if there is any suspicion that a child is being harmed physically, emotionally, or sexually abused or neglected. Only information that is pertinent to the specific incident will be disclosed.

4. **Health oversight activities:** HNP will not disclose HIV test results to health care oversight agencies without an authorization. HNP may disclose your mental health, alcohol or drug abuse or developmental disability related health information to the State of Hawaii Department of Health and Department of Human Services for coordination of health and human services. The remainder of your personal information may be disclosed without your authorization to a state or federal agency.
5. **Judicial and administrative proceedings:** If HNP is subpoenaed to release client information, unless the client agrees to release personal information, the Program Manager will contact the legal professional to determine what information is being requested. If personal information is being requested, and the client wishes not to disclose such information, other options can be explored to object to the subpoena. If HNP is court ordered to release personal client information, the client will be contacted and informed of the request. The Clinical Director for Pearl Haven or the Director of Programs will contact the legal professional to determine what information is being requested, and HNP will only release the information that is being requested.
6. **Law enforcement:** HNP may disclose your personal information except for HIV test results to county law enforcement officials for the reporting and investigation of elderly and/or child abuse. HNP may disclose your personal information except for mental health, alcohol or drug abuse or developmental disabled or HIV test results to state and federal law enforcement officials. HNP may disclose mental health, alcohol or drug abuse or developmental disabled protected personal information for limited law enforcement purposes as required by law. HNP may disclose your personal information to a law enforcement official in response to a court order or in relation to your commission of a crime or threat to commit a crime on program premises or against any person who works for the program.
7. **Coroner or medical examiner:** HNP may use or disclose your personal information that is not an HIV test result or related to mental health, alcohol or drug abuse and developmental disabilities to a coroner or medical examiner.
8. **Funeral director:** HNP may use or disclose your HIV test result to a funeral director.
9. **For cadaveric organ, eye or tissue donation purposes:** HNP may use or disclose your HIV test result to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation or cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
10. **Research:** Ho‘ola Na Pua may use or disclose your personal information for research purposes if the researcher has obtained your written permission and fulfilled the stringent privacy requirements of state and federal law.
11. **To avoid a serious threat to health or safety:** HNP may disclose your personal information under limited circumstances to law enforcement officials to avert a serious threat to health or safety.
12. **Disclosures for specialized government functions:** HNP may disclose personal information excluding mental health, alcohol or drug abuse or developmental disabled or HIV test result for national security, for the protection of the President and for medical suitability determination of Armed Forces personnel to a state or federal agency. HNP may disclose personal information to limited staff of a correctional institution or a custodial law enforcement official for the provision of care and the transport of inmates.
13. **Workers compensation:** HNP may disclose personal information reasonably related to a workers’ compensation injury.

Authorization:

HNP has attempted to explain with this notice the circumstances where state law may be more protective than the federal privacy rule and provides greater privacy protection. Except for the situations listed above and treatment, payment or care operation purposes, the use or disclosure of your personal information requires HNP to obtain your written authorization. You may withdraw your authorization in writing at any time by submitting your written withdrawal to HNP program staff or Human Resources. Violation of the Federal or State law and regulations by HNP is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations.

Client Complaint Process:

If you believe your privacy rights have been violated, you may file a complaint with HNP or with the Secretary of the Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

To file a complaint with Ho‘ola Na Pua, please contact the HNP Director of Operations who will provide you with the necessary assistance. You may contact this person via mail at P.O. Box 22551, Honolulu, HI, 96826 or by phone at 808-445-3131.

Effective Date: This Notice of Privacy Practices is effective as of September 1, 2019