AUTHORIZATIONS TO USE OR DISCLOSE HEALTH INFORMATION

Other than the permitted uses and disclosures described above, Hawaii Care Choices will not use or disclose your health information without an authorization signed by you or your personal representative. If you, or your representa- tive, authorize a written authorization for the use or dis- close your health information, you may cancel the author- ization (in writing) at any time. If you cancel your authori- zation, we will follow your instructions except to the extent that we have already relied upon your authorization and taken action.

The following uses and disclosures of your health infor- mation will only be made with your signed authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute a sale of health information;
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes; and
- Any other uses and disclosures not described in this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health infor- mation:

- **Right to request restrictions.** You have the right to request restrictions on uses and disclosures of your health information for treatment, payment and health care operations. You have the right to request a limit to the extent that we have already relied upon your authorization and taken action.

  - We will not request that you provide any rea- sons for your request and will attempt to honor any reasonable requests.
  - Right of access to inspect and copy your health information. You have the right to inspect and copy your health information, including billing rec- ords. A request to inspect and copy records containing your health information must be made to the Director of Operations at (808) 969-1733. If you request a copy of your health information, we may charge a reasona- ble fee for copying and assembling costs associated with your request.
  - You have the right to request that we provide you, an entity or a designated individual with an electronic copy of your electronic health record containing your health information, if we use or maintain electronic health information. We may require you to pay the labor costs incurred in responding to your request.
  - Right to amend health care information. You, or your representative, have the right to request that we amend your record if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by us. A request for an amendment of records must be made in writing to the Director of Operations at 1011 Waiauenue Avenue, Hilo, HI 96720. The Hospice may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy or, if in our opinion, the records containing your health information are accurate and complete.
  - Right to an accounting. You, or your representa- tive, have the right to receive an accounting of disclo- sures of your health information made by Hawaii Care Choices for the previous six (6) years. The accounting will not include disclosures made for treatment, pay- ment or health care operations unless we maintain your health information in an Electronic Health Record (EHR). The request for an accounting must be made in writing to the Director of Operations at 1011 Waiau- enue Avenue, Hilo, HI 96720. We will provide the first accounting you request in any twelve-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
  - Right to opt-out of fundraising. You, or your repre- sentative, have the right to opt-out of receiving fund- raising communications. Instructions for how to opt- out are included in each fundraising solicitation you receive.
  - Right to receive notification of a breach. You, or your representative, have the right to receive notifica- tion of a breach of your unsecured health information. If you have questions regarding whether constitutes a breach or your rights with respect to breach notifica- tion, please contact the Compliance Manager at (808) 969-1733.

NOTICE OF PRIVACY PRACTICES

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.

OUR RESPONSIBILITIES

Hawaii Care Choices ("HiCare") takes the privacy of your health information seriously, and is required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information. Hawaii Care Choices is required to abide by the terms of this Notice as are currently in ef- fect, and any changes made as a result of a breach of your unsecured health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that Hawaii Care Choices uses and discloses your health information. For each category, an explanation of the category is provided, in some cases with examples. Not every use or disclosure in a category will be listed. However, all of the ways Hawaii Care Choices is permitted to use and disclose your health information will fall into one of these categories.

Treatment. Hawaii Care Choices may use and disclose your health information to coordinate care within HiCare and with others involved in your care, such as your at- tending physician, members of the HiCare interdiscipli- nary team and other health care professionals who have agreed to assist the HiCare in coordinating care. For example, we may disclose your health information to a physician involved in your care who needs information about your symptoms to prescribe appropriate medica- tion.

Payment. Hawaii Care Choices may use and disclose your health information to coordinate care within HiCare and with others involved in your care, such as your at- tending physician, members of the HiCare interdiscipli- nary team and other health care professionals who have agreed to assist the HiCare in coordinating care. For example, we may disclose your health information to a physician involved in your care who needs information about your symptoms to prescribe appropriate medica- tion.
Health Care Operations. Hawaii Care Choices may use and disclose health information for its own operations to facilitate the functioning of HiCare and as necessary to provide quality care to all of the HiCare patients. Health care operations include such activities as:

- Quality assessment and improvement activities. Your information may be shared with the Organized Health Care Arrangement for quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs, including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development, including cost management and planning related analyses and formulations.
- Business management and general administrative activities of HiCare.

For example Hawaii Care Choices may use your health information to evaluate its performance, combine your health information with other HiCare patients in evaluating how to more effectively serve all HiCare patients, or disclose your health information to members of the workforce for training purposes.

ADDITIONAL PERMITTED USES AND DISCLOSURES OF HEALTH INFORMATION

As Required by Law. We will disclose your health information when it is required to do so by any Federal, State or local law.

Abuse, Neglect Or Domestic Violence. Hawaii Care Choices is allowed to notify government authorities if it believes a patient is the victim of abuse, neglect or domestic violence. Hawaii Care Choices will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investiga- tions, inspections, licensure, certification, or accreditation by or for us, or we may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

Public Health Risks. We may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, viral events such as birth or death or the conduct of public health surveillance, investiga- tions and interventions.
- Report adverse events, product defects, to track prod- ucts or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and com- pliance with requirements of the Food and Drug Ad- ministration.
- Notify a person who has been exposed to a communi- cable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a mem- ber of the employer's workforce in certain limited situ- ations, as authorized by law.

Judicial And Administrative Proceedings. We may disclo- se your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when HiCare makes rea- sonable efforts to either notify you about the request or to obtain any order protecting your health information.

Law Enforcement. As permitted or required by State law, we may disclose your health information to a law en- forcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugi- tive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if HiCare has a suspicion that your death was the result of criminal conduct, includ- ing criminal conduct at the Hospice.
- In an emergency in order to report a crime.

Coroners And Medical Examiners. We may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

Funeral Directors. We may disclose your health infor- mation to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, we may disclose your health information prior to and in reasonable anticipation of your death.

Organ, Eye Or Tissue Donation. We may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

Research Purposes. We may, under certain circum- stances, use and disclose your health information for re- search purposes. Before we disclose any of your health information for research purposes, the project will be sub- ject to an extensive approval process. This process includes evaluating a proposed research project and its use of health information. It also involves a process to balance the research need with your right to privacy. Before we use or disclose health information for research, the project will have been ap- proved through this research approval process. Additional- ly, when it is necessary for research purposes and so long as the health information does not leave our organization, we may disclose your health information to researchers prepar- ing to conduct a research project, for example, to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, we may disclose your health information to health care providers after your death when it is necessary for research purposes.

Limited Data Set. We may use or disclose a limited data set of your health information, that is, a subset of your health information for which all identifying information has been removed, for purposes of research, public health, or health care operations. Prior to our release, any recipient of that limited data set must agree to appropriately safeguard your health information.

Serious Threat To Health Or Safety. We may, con- siding our obligation to protect health information under law, disclose your health information if we, in good faith, be- lieve that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

Specified Government Functions. In certain circum- stances, the Federal regulations authorize us to use or dis- close your health information to facilitate specified govern- ment functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

Worker's Compensation. Hawaii Care Choices may release your health information for worker's compensation or similar programs.

OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION TO WHICH YOU MAY AGREE OR OBJECT

Facility Directory. We may disclose certain information about you, including your name, your general health status, your religious affiliation and where you are in HiCare’s facility, in a HiCare directory while you are in the inpatient facility. We may disclose this information to people who ask for you by name. Please inform us if you want to re- strict or prohibit some or all of the information provided in the directory.

Persons Involved In Your Care. When appropriate, we may share your health information with a family member, other relative or any other person you identify if that person is involved in your care and the information is relevant to your care or the payment of your care. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

You may ask us at any time not to disclose your health in- formation to any person(s) involved in your care. We will agree to your request unless circumstances constitute an emergency or if the patient is a minor.

Funding Activities. Hawaii Care Choices, our foun- dation, or our business associate may use information about you, including your name, address, telephone number and the dates you received care, in order to contact you for fundraising purposes. You have the right to opt-out of re- ceiving these communications from us. If you do not want us to contact you for fundraising purposes, notify the Com- plaints Coordinator at (808) 969-1733 and indicate that you do not wish to receive fundraising communications.