

## **Kāhi Mōhala**

### **Notice of Privacy Practices**

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

#### **What is this Notice and Why it is Important**

This notice is required by law to inform you of how your health information will be protected, how Kāhi Mōhala may use or disclose your health information, and about your rights regarding your health information. If you have any questions about this notice, please contact Kāhi Mōhala Privacy Officer at (808) 677-2510.

#### **Understanding Your Health Information**

Each time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal documents of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A data source for medical research and public health
- A source of data for planning facilities, marketing healthcare services, and fundraising
- A tool for educating health professionals
- A tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

#### **Your Health Information Rights**

You have the following rights related to your medical and billing records kept by Kāhi Mōhala:

***Obtain a copy of this notice.*** You will receive a copy of this notice at your first visit after its publication. Thereafter you may request a copy of this notice or any revisions from our public website address: [www.kahimohala.org](http://www.kahimohala.org) or by calling our Call Center (808) 677-2512.

***Authorization to use your health information.*** Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

***Access to your health information.*** You may request a copy of your health information that Kāhi Mōhala keeps in your medical or billing record. Your request must be submitted in writing. We may charge for the costs of providing you access and for your copies.

***Amend your health information.*** If you believe the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing and you may pick up a form for this purpose from our Privacy Officer (808) 677-2510.

***Request confidential communications.*** You may request that when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

***Limit our use or disclosure of your health information.*** You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

***Accounting of disclosures.*** You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or healthcare operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge, but may charge for subsequent lists in the same year.

## **Our Responsibilities**

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, and provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclosure your health information, we will also change this notice. The new notice will be posted our public website address: [www.kahimohala.org](http://www.kahimohala.org) or by calling our Call Center (808) 677-2512.

Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have already made with your permission.

## **Examples of Uses and Disclosures for Treatment, Payment and Healthcare Operations**

### ***We will use your health information to facilitate your medical treatment.***

**For example:** Information obtained by a nurse, physician, or other members of your healthcare team will be recorded in your record and used to determine the course of your medical treatment. Your provider may document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they take and their observations as appropriate. In that way, the physician will know how you are responding to treatment. We will also provide your physician, or other healthcare providers involved with your treatment (e.g. specialists, consulting physicians, anesthesiologists, therapists, etc.) with copies of various reports that should assist them in treating you.

### ***We will use your health information to collect payment for health care services that we provide.***

**For example:** A bill may be sent to you or your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. In some cases, information from your medical record is sent to your insurance company to explain the need for or provide additional information about your treatment.

### ***We will use your health information to facilitate routine healthcare operations.***

**For example:** Members of our medical staff or quality improvement teams may use information in your record to assess the care you have received and how your progress compares to others. This

information will then be used in efforts to improve the quality and effectiveness of the healthcare and other services we provide. Kāhi Mōhala is an affiliate of the Sutter Health network. We may permit Sutter Health to use your health information to support necessary business, financial, and clinical functions. Examples of these functions may include: auditing our clinical procedures, analyzing our cost of care, arranging for patient satisfaction surveys, and determining the need for new healthcare services.

***We will use your health information to help us educate medical staff, residents, and students.***

**For example:** Kāhi Mōhala has associations with a variety of schools involved in the education of health professionals. All staff, residents, and students must sign a confidentiality agreement before accessing any health information maintained by Kāhi Mōhala.

***We will use your health information to notify your family and friends about your condition.***

**For example:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or your general condition. 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 facilitate the person's ability to assist in your care or make arrangements for payment of your care.

***We may use your health information to inform persons about your death.***

**For example:** We may disclose health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

## **Examples of Uses and Disclosures for Other Purposes**

***Appointment Reminders:*** We may contact you to provide appointment reminders.

***Alternative Treatments:*** We may use your health information to provide you with information about alternative treatments such as acupuncture, biofeedback, massage therapy, stress reduction.

***Marketing:*** We may use your health information to inform you about our healthcare services, treatment alternatives or other health-related benefits and services that may be of interest to you. We may also inform you about commercial products or services when we think they would be of interest to you, if you have authorized us to do so.

***Fundraising:*** We are a community-based, not-for-profit hospital that depends extensively on charitable support. We may use limited information about you such as your name, address, demographic information, and the dates you received treatment, and we may disclose this information to Kāhi Mōhala's fundraising foundation to inform you of opportunities to support Kāhi Mōhala and its services and programs.

***Research:*** We may contact you to request your participation in an authorized research study. If the study provides any type of healthcare treatment, the researcher will explain the benefits and risks of the treatment, how your health information will be used during the course of the study, and whether any of your health information rights are affected. You will need to authorize the use of your health information and agree to any suspension of your rights to participate in the study, however you may revoke this authorization at any time. In some cases, we may disclose your health information to researchers when an institutional review or privacy board has approved their research. Prior to giving any information, special procedures will be established to protect the privacy of your information.

**Workers compensation:** We may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Organ procurement organizations:** Should you be an organ or tissue donor, we may disclose your donor status and health information to organizations engaged in the procurement, banking, or transplantation of organs, consistent with applicable laws.

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

**To avert a serious threat to health or safety:** We may use and disclose your health when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or their agents health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.

**Food and Drug Administration (FDA):** We may disclose to the FDA your health information relating to adverse events with respect to food, nutritional supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

**Device Manufactures:** If you receive a medical device that is implanted or which is used to for life support functions, we may disclose your name, address and other information as required by law to the device manufacturer for tracking purposes. You may refuse to authorize the disclosure of your name and contact information.

**Business associates:** There are some services provided in our organization through contracts with business associates. Examples include transcribing your medical record, surveying for patient satisfaction, and a copy service we use when making copies of your health record. When these services are provided by contracted business associates, we may disclose the appropriate portions of your health information to our business associates so they can perform the job we have asked them to do. To protect your health information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.

## Special Situations

**Military and Veterans:** If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

**National Security and Intelligence Activities:** We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose your health information to authorized officials so they may provide protection to the President and other governmental leaders, or conduct special investigations.

**Regulatory oversight:** We may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required by law. Your health information may also be disclosed if a workforce member or business associate believes in good faith that Kāhi

Mōhala has engaged in unlawful conduct or has otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**For More Information or to Report a Problem**

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact the Kāhi Mōhala Privacy Officer at (808) 677-2510 or the number listed below.

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, you may contact Kāhi Mōhala's Privacy Officer. You may also send a written complaint to the U.S. Department of Health and Human Services at the below listed address. Kāhi Mōhala will ensure that the care you receive at our facility will in no way be impacted if you file a complaint.

**REGION IX: SAN FRANCISCO**

Regional Manager  
Office for Civil Rights  
U. S. Department of Health and Human Services  
50 United Nations Plaza, Rm. 322  
San Francisco, CA 94102

Tel. (415)-437-8310  
Fax (415)-437-8329  
TDD (415)-437-8311