



PATIENT RIGHTS & RESPONSIBILITIES

NOTICE *of* PRIVACY PRACTICES

UNIVERSITY HEALTH SERVICES MĀNOA • PATIENT RIGHTS AND RESPONSIBILITIES

PATIENT RIGHTS

- Patients shall be treated with respect, consideration and dignity.
- Patients shall be provided appropriate privacy.
- Patients may request communication of health information in a manner that best ensures confidentiality.
- Patient disclosures and records are treated confidentially, and except when required by law, patients are given the opportunity to approve or refuse release of their record. Patients may request restrictions on the uses or disclosures of their information, and request an accounting of disclosures of their information.
- Patients may revoke authorization to use or disclose health information.
- Patients may amend (add to or append information) their health record.
- Patients will be provided, to the degree known, complete information concerning their diagnosis, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information will be provided to a person designated by the patient or to a legally authorized person.
- Patients shall be informed of the service fees.
- Patients have the right to refuse to participate in experimental research.
- Patients are provided means for expressing concerns and suggestions to the University Health Services Mānoa (UHSM).
- Patients have the right to change primary or specialty physicians.
- Patients have the right to utilize a pharmacy of their choice.
- Patients have the right to learn the licensing status of the staff and the accreditation status of the UHSM.
- Patients shall be informed of any changes in their rights or responsibilities.
- Patients have the right to be notified upon a breach of their unsecured health information.
- Patients will not be contacted with fundraising communications as the UHSM does not engage in fundraising activities.
- Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contradicted for medical reasons.
- Patients have the right to ask questions and discuss advance directive.

PATIENT RESPONSIBILITIES

- Patients have the obligation to provide the full and accurate information needed by health service personnel in order to assure proper evaluation and care.
- Patients have the obligation to interact effectively with health care providers by asking questions concerning the diagnosis and treatment of their condition and by expressing appropriate concerns about recommended treatment.
- Patients must accept responsibility if they refuse medically recommended care.
- Patients must abide by UHSM rules, regulations and policies.
- Patients are prohibited from taking pictures, videos, and other forms of digital media within the UHSM.
- Patients must assume financial obligations for services received (nonpayment could result in holds being placed on academic records).
- Patients must respect the rights of other patients and UHSM.
- Patients must keep their username and password private to ensure confidentiality. Visit notes may be accessed with your UH Username and password on the Patient Access Portal, so do not share that information with others, such as family members or partners. Consider changing your password regularly to ensure the confidentiality of your protected health information, such as your visit notes on the Patient Portal.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information, you may contact the UHSM Privacy Coordinator at:

University Health Services Mānoa
University of Hawai'i
1710 East West Road
Honolulu, Hawai'i 96822
Telephone: (808) 956-8965

Clinic Hours:
Monday – Friday, 8:00am – 4:00 pm*
*Hours subject to change without notice

If you believe your privacy rights have been violated, you can file a complaint with the director of UHSM or with the secretary of Health and Human Services:

Office of the Secretary
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-877-696-6775

There will be no retaliation for filing a complaint.

UNIVERSITY HEALTH SERVICES MĀNOA • NOTICE OF PRIVACY PRACTICES

IMPORTANT: 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.

This notice describes your confidentiality rights as they relate to your Protected Health Information (PHI) and explains the circumstances under which your PHI may be shared with others. PHI is information that identifies you, your health care, your payment for health care, and past, present, or future medical conditions. If you do not understand the terms of this notice, please ask for further explanation. This notice is given pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), regarding the protection of patient privacy of health information.

USES OF YOUR PHI

Each time you visit the University Health Services Mānoa (UHSM), your PHI may be accessed and new health information may be added. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. Your PHI serves as:

- a basis for planning your care and treatment;
- a means for processing and requesting claims for health care services to you;
- a legal document describing the care you received;
- a means by which you or a third-party payer can verify that services billed were actually provided;
- a tool in educating health professionals;
- a source of data for medical research;
- a source of information for public health officials charged with safeguarding and improving health for the public;
- a source of information for reviewing and evaluating the competence of UHSM health care professionals;
- a source of data for accreditation, licensing and credentialing activities; and
- a tool with which we can assess and continually work to improve the quality of care we render and the outcomes we achieve.
- All communications generated by UHSM including letter, phone, open communicator, and the afterhours medical advice line will take all necessary precautions to protect PHI.

Understanding what is in your record and how your PHI is used will help you to:

- ensure its accuracy;
- better understand who, when, where, and why others may access your PHI; and
- make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

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

- receive this notice upon enrollment, when confidentiality practices are substantially amended, and upon request;
- request a restriction on certain uses and disclosures of your PHI*;
- inspect and obtain a copy of your health record (for a nominal fee);
- amend your health record;
- obtain an accounting of disclosures of your PHI within 60 days of your request;
- request communications of your PHI in a confidential manner by alternative means or at alternative locations; and
- revoke your authorization to use or disclose your PHI except to the extent that action has already been taken.

OUR RESPONSIBILITIES

This organization and any contracted business associate are required to:

- maintain the privacy of your PHI;
- provide you with this notice as to our legal duties and privacy practices with respect to PHI we collect and maintain about you;
- abide by the terms of this notice;
- notify you that information disclosed pursuant to this notice may be subject to redisclosure by the recipient and may no longer be protected by federal privacy data rules;
- notify you if we are unable to agree to a requested restriction; and
- accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will mail a revised notice to the address you've provided to us.

We will not use or disclose your PHI without your authorization, except as described in this notice or as required by law. You may authorize disclosure for other purposes by completing a written authorization that meets the requirements of law. You may revoke such authorization in writing at any time.

Special Protections for Substance Use Disorder Records

We are strictly prohibited from using or disclosing your SUD records (or any testimony relaying the content of those records) in any civil, criminal, administrative, or legislative proceedings against you, unless you provide express written consent or we receive a specific court order issued in accordance with federal law.

Examples of Disclosures for Treatment, Payment, Health Operations, and Other Permitted/Required Disclosures

We will use your PHI for treatment. For example: PHI obtained by a nurse, physician, or other member of UHSM's healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your healthcare team will then record follow-up actions they took and their observations. In that way, each provider accessing your record will know what treatment you have received and how you are responding.

We will use your PHI for payment. For example: A bill may be sent to you or a third-party payer. The information accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your PHI for regular health operations. For example: Members of UHSM's quality improvement or administrative staff may use information in your health record to assess quality of care, track visit counts or improve customer service. We may also contact you to provide appointment reminders.

As required by law: We may disclose your PHI when required to do so by any other law not already referred to in the following categories.

Business associates: There are some services provided to our organization through contracts. Examples include referrals, laboratory tests, data or records management services and the afterhours medical advice line service. When these services are contracted, we may disclose your PHI to these entities so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your PHI, however, we require these providers establish appropriate safeguards.

Coroners, Funeral Directors, Organ Donation: We may release PHI to coroners or funeral directors as necessary to allow them to carry out their duties. We may also disclose PHI in connection with organ or tissue donation.

Duty to warn: We may disclose PHI when necessary to protect you or others from serious threat of harm.

Federal oversight: We may disclose PHI when Federal law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force 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 patients, workers or the public.

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

Law enforcement: We may disclose your PHI for law enforcement purposes as required by law or in response to a valid judge-ordered subpoena.

Notification: We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location, your condition or your death. If you are unable or unavailable to agree or object to our discussing these matters with your family and/or friends, UHSM health professionals will use their best judgment to determine whether communications with your family or others are necessary and/or appropriate. If you are a minor, your parent or legal guardian generally has the right to obtain access to your health information.

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

Research: We may disclose your PHI to researchers only when the research has been approved by the University of Hawaii's institutional review board. The Board reviews research proposals and establishes protocols to ensure the privacy of your PHI. Without your authorization, your PHI may be disclosed to research only when it has been de-identified (cannot be linked to you as an individual). Otherwise, we will release your PHI for research purposes only if you have provided specific informed consent.

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