

EASTERSEALS HAWAII

(ESH)

Notice of Privacy Practices - HIPAA

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.

ESH is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at **ESH** please contact:

Contact Information: **Office of Risk Management**
HelpLine (1-833-44-PROTECT) or ORM@eastersealshawaii.org

Effective Date of This Notice: October 21st, 2019

I. How ESH may Use or Disclose Your Health Information

ESH collects health information about you and stores it in a file that is your record. We need this information to provide you with quality care and to create a record of the care and services you receive at **ESH**. **ESH** is committed to protecting the privacy of your health information. The law permits **ESH** to use or disclose your health information for the following purposes:

1. Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, psychologists, pharmacists, nurses, social workers, therapists, technicians, or other personnel involved in providing services to you. Different departments of **ESH** may also share medical information about you in order to coordinate the different services you need.
2. Payment. We may use and disclose medical information about you so that the treatment and services you receive at **ESH** or other providers from whom you receive treatment or services, may be billed to, and payment may be collected from you, an insurance company, a third party, Medicaid or other payer. To the extent possible, our staff and outside contractors or consultants will make reasonable efforts to assure that the use and disclosure of your personal health information is conducted in a secure and confidential manner.
3. Regular Health Care Operations. **ESH** may use and disclose medical information about you for agency operations. These uses and disclosures are necessary to manage the operation and to monitor your quality of care. For example, we may use personal health information to evaluate our agency's services, including the performance of our staff. We may also use personal health information for training purposes or to develop new policies, procedures, or programs that may benefit you or other individuals we support. Your medical information may be shared with survey reviewers and other accreditation bodies in accordance with current and on-going operating procedures.
4. Information provided to you.
5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to do so prior to making this notification. If you are unable or unavailable to

agree or object, our health professionals will use their best judgment in communication with your family and others.

6. Required by law. As required by law, we may use and disclose your health information as described below:
 - a. Public health. We may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
 - b. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
 - c. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding as required by a court order or subpoena.
 - d. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
 - e. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
 - f. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
 - g. Specialized government functions. We may disclose your health information for military, national security, and prisoner purposes.
 - h. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

Only the minimum necessary health information will be disclosed to accomplish the above purposes.

II. When ESH May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, **ESH** will not use or disclose your health information without your written authorization. If you do authorize **ESH** to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. **ESH** is not required to agree to the restriction that you requested. We ask that such requests be made in writing. Appropriate forms may be obtained from **ESH's** contact person listed below.

2. You have the right to inspect and copy your health information.
3. You have a right to request that **ESH** amend your health information that is incorrect or incomplete. **ESH** is not required to change your health information and will provide you with information about **ESH's** denial and how you request a review. We ask that such requests be made in writing. Appropriate forms may be obtained from **ESH's** contact person listed below.
4. You have a right to receive an accounting of disclosures of your health information made by **ESH**, except that **ESH** does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and g (certain government functions) of section I of this Notice of Privacy Practices.
5. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Office of Risk Management
HelpLine (1-833-44-PROTECT) or ORM@eastersealshawaii.org.

IV. Changes to this Notice of Privacy Practices

ESH reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made,

ESH is required by law to comply with this Notice. Revised notices will be communicated via the **ESH** website, through local operations publications, meetings, or other distribution channels.

V. Complaints

Complaints about this Notice of Privacy Practices or how **ESH** handles your health information must be in writing and directed to:

Kevin G. McCaslin (Vice President, Ethics and Compliance)
c/o Easterseals Hawaii
710 Green Street
Honolulu, HI 96813
Phone: (925) 266-8421

For further information about this process, call 808-536-1015. This number is not to be used to register a complaint, as complaints must be submitted in writing as stated above.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.