



**Hawaii Medical Center East, LLC
Hawaii Medical Center West, LLC**

NOTICE OF PRIVACY PRACTICES

Effective January 14, 2007

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.

WHO WILL FOLLOW THIS NOTICE

This Notice describes privacy practices of Hawaii Medical Center East, LLC ("HMC East") and Hawaii Medical Center West, LLC ("HMC West"). This Notice applies to HMC East and HMC West employees, agency or contract workers, and volunteers; Medical Staff members; resident physicians; medical, nursing, allied health and other students; and health care professionals involved in educational activities.

PROTECTING YOUR PRIVACY

We understand that your health information is personal. We pledge to protect the privacy of your health information.

We create a record about the care you receive as our patient or resident. The record includes your name, address, telephone number, birth date, as well as your health information. We need this record to provide you with quality care and to comply with certain laws.

This Notice of Privacy Practices tells you about the ways we may use or disclose your health information. The Notice also describes your rights and our duties regarding the use or disclosure of your health information.

OUR LEGAL DUTIES

By law, we are required to:

- Keep your health information private
- Give this Notice to you, and describe our legal duties and privacy practices, and your rights regarding your health information
- Follow the Notice that is now in effect

The effective date of the Notice is printed on the first and last pages. The Notice is posted in our admissions areas, and on our web site at <http://www.hawaiimedcen.com>. You may contact the Privacy Officer to request a copy of the current Notice. See the last page for the Privacy Officer's phone number and address.

CHANGES TO THE NOTICE

We have the right to change our privacy practices and the Notice at any time. Changes will apply to health information we are keeping when the change occurs, as well as to any information we may create or receive after the change occurs. Before we make an important change in our privacy practices, we will change the Notice, post the new Notice, and make copies of the new Notice available upon request.

WHEN YOU RECEIVE THE NOTICE

You will be asked to sign a form to show that you received the Notice. If you do not sign the form, we will continue to care for you, and we will use and disclose your health information as needed for treatment, payment or health care operations.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

On the next few pages, we describe the ways we may use and disclose your health information. For each type of use or disclosure, we explain what we mean and give one or more examples. We are not able to list every possible example.

Treatment

We receive and use your health information to provide treatment to you. We share your health information with doctors, nurses, technologists, and other people who care for you. For example:

- We may call you by name in the waiting room when we are ready to see you.
- If you have a procedure, a surgeon, anesthesiologist, and lab and X-ray technologists may be involved in your care, and will need to know about your health or condition.
- The pharmacist needs to know what medicines you are taking to check for interactions.
- If we refer you for home care services, we discuss your health or condition with the home care nurse or therapist so you will get the treatment you need.

Payment

We use and disclose your health information to bill and collect payment for your treatment. For example:

- We may tell your health plan that your doctor has referred you to us for treatment, so we can ask your health plan to approve the treatment.
- We give your health information to the Business Services department, so we can bill your health plan for the care that we provided to you.
- We may also give your health information to our business associate, another company that processes claims or collects payments for us. The business associate must agree to safeguard your health information.
- If you apply for the MedQuest program, we may disclose your health information to a business associate who will help you with the application.
- We may share your insurance information with your doctor and the lab, so they can bill for their services.

Health Care Operations

We use or disclose your health information to support our day-to-day activities related to health care. For example:

- We may use your health information to evaluate the skills of the employees who cared for you.
- We may share your health information with medical students, nursing students or other students who are in a training program.
- We may use and disclose your health information to measure and improve the quality of our services.
- We may disclose your health information to a business associate, a transcription company that types medical reports for us.
- We may disclose health information to our accountants and lawyers to make sure we are following the laws and rules that affect us.

Appointment Reminders and Information about Health Care Services

We may call or send a letter to remind you that you have an appointment, or that it is time to schedule a check-up. We may contact you to let you know about other health care services or treatments that may help or be of interest to you.

Fundraising

We may use or disclose limited information about you to raise money to support and expand our services. We may disclose limited information, such as your name, address and dates of service, for fundraising purposes. The fundraising materials will explain how you may choose not to receive future fundraising materials.

You May Object to Some Uses or Disclosures

- **Directory Information.** Unless you tell us not to, we may list your name, room number and general condition (good, fair, etc.) in our directory. We may disclose this information to a visitor or caller who asks for you by name.

Exception: If you need emergency treatment or if you are unable to communicate (for example, you are unconscious or in a lot of pain), we may disclose your health information to a visitor or caller if we think the disclosure is in your best interest. When the emergency is over, or when you are able to communicate, you may inform us of your wishes

- **Family or Friends.** Unless you tell us not to, we may disclose your health information to a family member, friend or other person who is involved in your care or payment for your care. For example, we may allow a family member or friend to pick up your medicine or medical supplies for you. If your neighbor drives you to and from appointments, we will let your neighbor know when your treatment will be finished.

Exception: If you need emergency treatment or if you are unable to communicate (for example, you are unconscious or in a lot of pain), we may disclose your health information to a family member or friend if we think the disclosure is in your best interest. When the emergency is over, or when you are able to communicate, you may inform us of your wishes.

- **Disaster Relief.** In a disaster, we may disclose your health information to disaster relief officials so they can contact your family. For example, we may disclose your location and general condition (good, fair, etc.)

Uses or Disclosures Without Your Authorization

1. **Required By Law.** We use or disclose health information if a law or rule requires or permits the use or disclosure. We will disclose health information to the Secretary of the Department of Health and Human Services if the Secretary wishes to check how we are following the law and protecting your health information.
2. **Public Health.** We disclose health information to the State of Hawaii, Department of Health to prevent or control disease, injury or disability; report births and deaths; or to notify a person who may be at risk of getting or spreading a communicable disease. We disclose health information to a person or company who is required by the Food and Drug Administration to report adverse events or product defects; track products; enable product recalls; or make repairs or replacements.
3. **To Report Abuse or Neglect.** We disclose health information to report that a patient or resident is a victim of abuse or neglect.
4. **Health Oversight.** We disclose health information to assist the government with a health care audit, investigation or inspection.
5. **Court Orders and Other Legal Proceedings.** We disclose health information in response to a court order, discovery request or subpoena, under certain circumstances.

6. **Law Enforcement.** We report certain types of wounds and injuries. We may disclose limited information about a suspect, fugitive, material witness, crime victim or missing person. Under certain circumstances, we may disclose health information about an inmate or other person in legal custody to a law enforcement official or correctional institution.
7. **To Avoid Harm.** To avoid a serious threat to the health or safety of a person or the public, we may disclose health information to the police or other persons who can prevent or lessen the threat.
8. **Research.** We may disclose health information to medical researchers if the Institutional Review Board has reviewed and approved the research proposal, and if the Institutional Review Board has established procedures to ensure the privacy of health information.
9. **Organ Donation.** We disclose health information to an organ procurement organization, such as the Organ Donor Center of Hawaii, to assist with organ, eye or tissue donation and transplantation.
10. **Funeral Arrangements.** We may disclose health information about a person who has died to a funeral director, coroner or medical examiner, to help them carry out their duties.
11. **Military Activity or National Security.** We may disclose health information about Armed Forces personnel to military authorities. We may disclose health information to federal officials who conduct national security or intelligence operations such as protecting the President of the United States.
12. **Workers Compensation.** We disclose health information as required by Hawaii Workers Compensation laws.

Your Authorization is Required for All Other Uses or Disclosures

We will not use or disclose your health information for any purpose that is not listed above on pages 2 through 4, unless you have given us a signed authorization form.

If, after signing the authorization form, you change your mind, you may ask us to stop any future use or disclosure. You must make your request in writing. We will honor your request, but we cannot undo any of the uses or disclosures we made, based upon your authorization, before we received your request.

Restricted Health Information

Special restrictions apply to the use or disclosure of health information about AIDS or HIV infection, mental illness, or treatment for alcohol and/or drug abuse. We will not disclose these types of health information outside of HMC-East or HMC-West without your authorization, unless otherwise required or permitted by law.

YOUR RIGHTS

You have the following rights with regard to your health information:

1. **The right to ask us not to use or disclose your health information for treatment, payment or health care operations.** You must make your request in writing. We will review your request but we are not required to agree to it. If we agree to your request, we will honor it, except in an emergency. We may later decide to end the agreement. If we do, we will tell you of our decision. You also have the right to change your mind and revoke an agreed-upon restriction.
2. **The right to ask us to send health information to you in a different way.** You may ask us to send information to you at a different address (for example, your work address instead of your home address) or in a different way (for example, by e-mail instead of regular mail). We will agree to your request as long as it is reasonable.
3. **The right to ask to see or get a copy of your health information.** In most cases, you have the right to see or get a copy of your medical records or billing records. You must make your request to access your medical records in writing. We will respond to your request within 30 days. We may charge a fee for

copying and mailing costs. If we do not have your health information but we know who does, we will tell you how to get it. In some situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial. You may request a review of the denial.

4. **The right to ask us to correct your health information.** If you think there is a mistake in your medical records or billing records, or that important information is missing, you may ask us to correct your records or add the missing information. You must make your request to correct your medical records in writing, and explain the reasons for your request. We will respond to your request within 60 days. If we approve your request, we will change your health information, and tell you that we have made the change. We will also tell others who need to know about the change to your health information.

In some situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial. We will also explain that you can write a statement of disagreement. Or you can ask us to attach your request and our denial to all future disclosures of your health information.

5. **The right to get a list of disclosures of your health information.** You may ask us to give you a list of the times we disclosed your health information. You must make your request in writing. We will respond to your request within 60 days. We are not required to list all disclosures. For example, the list will not include disclosures for treatment, payment or health care operations; for directory information; to you; to your family, friends or others; based upon your authorization; or before April 14, 2003.

Unless you ask for a shorter period, the list will include disclosures made within a six-year period. We will tell you the date of each disclosure and to whom your health information was disclosed. We will also describe the information disclosed and the reason for the disclosure.

We will give you one free list per year. If you make more than one request in the same year, we may charge you a fee to produce each additional list.

COMPLAINTS

If you think that your privacy rights have been violated, or you disagree with a decision we made about access to your health information, you may contact the Privacy Officer. The Privacy Officer's address and phone number are listed below.

Or you may send a written complaint to the United States Department of Health and Human Services, Office of Civil Rights. The Privacy Officer can give you the address.

You will not be penalized or retaliated against for filing a complaint.

PRIVACY OFFICER

If you have any questions about this Notice or a complaint about our privacy practices, please contact the Privacy Officer at:

Address: Hawaii Medical Center LLC
2230 Liliha Street
Honolulu, HI 96817

Telephone: 808-547-6783

This Notice is effective January 14, 2007.