

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW SERVICE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In the course of providing services to Hale Kipa's program participants ("you"), Hale Kipa may use and disclose elements of your protected health information. Protected Health Information (PHI) is health information that contains your name, Social Security Number, or other information that reveals who you are. For example, a record of your case management or therapy appointments is PHI because it includes your name and the fact that you are receiving our services. Hale Kipa understands that health information about you is personal and private. This Notice tells you the ways in which we may use or disclose your protected health information ("health information or PHI"), describes your rights to the health information we keep about you, and describes certain obligations we have regarding the use and disclosure of your health information.

WHAT IF THE HALE KIPA PROGRAM PARTICIPANT IS UNDER 18?

If you are a parent or legal guardian receiving this Notice because your child receives services at Hale Kipa, please understand that when we say "you" in this Notice, we are referring to your child. We are talking about the privacy of his or her health information. Most of the time, the parents or guardians of minors make decisions about their children's program services, control release of their children's health information, and have the privacy rights that are described in this Notice. However, there are times when minors may make decisions about their own care and control their own information. For example:

- ◆ Minors may consent to no-cost emergency shelter and related services, including medical, dental, and mental health services, if: Hale Kipa is unable to contact the parent, legal guardian, or legal custodian; or if Hale Kipa reasonably believes that the minor would be subject to harm or threats of harm if he or she returned home, and the parent/legal guardian/legal custodian either refuses to give consent or the minor refuses to provide the adult's contact information.
- ◆ Teenagers age 14 and above may seek care on their own for mental health treatment and counselling services.
- ◆ Teenagers age 14 and above may seek care on their own for medical conditions such as sexually transmitted diseases, alcohol or drug dependencies, family planning services, and pregnancy.
- ◆ Teenagers age 14 and above who are without the support and control of a parent or guardian also have all the rights outlined in this Notice with respect to primary care services they obtain.
- ◆ Minors who are married have the same rights as adults in making decisions about all their own health care.

When minors are allowed by law to make decisions about their own health care, they control release of their health information, even to their parents/legal guardians, and those minors have the privacy rights described in this Notice.

USES AND DISCLOSURES

The following categories describe the most common ways we may use or disclose your health information without obtaining additional permission from you. Not every use or disclosure is listed.

- ◆ **For Treatment.** We may use and disclose your personal health information to provide you treatment and services. We may disclose health information about you to case workers, therapists, doctors, nurses, volunteers or others who are involved in taking care of you. For example, we may provide information about you to the counselors who treat you. A worker at another facility who is continuing your care may need to know if you have specific conditions. We may provide that information to that worker. We may also discuss your health information between and among Hale Kipa staff, contractors, and volunteers, on a need-to-know basis. We may contact you or your parent or legal guardian about appointment reminders, treatment alternatives, and other health-related benefits and services.
- ◆ **For Payment.** We may use and disclose your health information to receive payment for the services provided to you. For example, we may disclose your health information to the State Department of Health, Child and Adolescent Mental Health Division.
- ◆ **For Service Operations.** We may use and disclose health information about you for our service operations, as appropriate to run Hale Kipa and make sure we are providing quality services. For example, we may use health information to review our provision of services, to obtain legal advice, or evaluate staff performance.

OTHER PERMITTED USES AND DISCLOSURES

The following categories describe other ways we may use or disclose your personal health information. Not every use or disclosure is listed, but all of the ways we may use and disclose information will fall under the categories above or one of these categories.

Individuals Involved in Your Care. Unless you object, we may share with a member of your family, a relative, a close friend, or any other person you identify, information directly related to that person's involvement in your services. We may share health information with these people to notify them about your location. If you are not present, we will use our professional judgment to determine whether the disclosure is in your best interest and whether the person may receive appointment information, pick up items for you, or similarly act on your behalf.

As Required by Law. We will disclose health information about you when required by federal, state, or local law, such as in compliance with a court order.

To Avert a Serious Threat to Health or Safety. We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, such as if you threaten violence to a family member, we may report to the police to protect the family member, in accordance with law. We will make the disclosures only to persons reasonably able to prevent or lessen the threat such as, for example, appropriate professional workers, public authorities, or family members who could assist in providing protections.

Specialized Government Functions. If you are a member of the armed forces or are separated or discharged from military services, we may release health information about you as required by military command authorities or Veterans Affairs. We may release information for national security, intelligence activities, foreign military authority requirements, and protective services for the President and others to the extent authorized by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Public Health Activities. We may disclose health information about you for public health activities. For example, these activities include to prevent or control disease; to report births, deaths, child or vulnerable adult abuse or neglect, domestic violence or other violent injuries, reactions to medications or product injuries or recalls; and for organ donation.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to an order issued by a court or administrative tribunal; or pursuant to a legally authorized request, such as a subpoena, discovery request, or other lawful process, so long as the person requesting the information has complied with HIPAA requirements to notify you and provide you a reasonable time for objections, or made reasonable efforts to obtain an order protecting the information requested.

Law Enforcement Purposes. We may release health information if asked to do so by a law enforcement official. For example, this may occur in response to a court order, subpoena, warrant, summons or similar process. Such releases of information will be made only after efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested, unless otherwise provided by law.

Coroners, Health Examiners and Funeral Directors. We may release health information to a coroner or health examiner, for example, if necessary to identify a deceased person or determine the cause of death, or to funeral directors as necessary to carry out their duties.

Inmates. If you become an inmate of a correctional facility or under the custody of a law enforcement official, we may release health information about you to the correctional facility or law enforcement official, such as for the institution to provide you with healthcare, or protect your health and safety or the health and safety of others.

Psychotherapy Notes. Most uses and disclosures of psychotherapy notes require your written authorization.

Any other use or disclosure not described in this Notice requires an authorization, which means your specific and complete written permission. Depending on the type of information and your circumstances, your parent or legal guardian may have the right to authorize the use or disclosure. If you authorize us to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made, and that we are required to retain the records of the care that we provided to you.

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YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy. You have rights to inspect and copy health information that may be used to make decisions about your care (such as health), to the extent provided by law. This does not include psychotherapy notes or other records covered by a separate legal privilege or other legal protection. To inspect and copy health information, submit a written request to the Privacy Officer stating the purpose of the request and specific information requested. We may charge a reasonable fee for the costs of locating, copying, mailing or other supplies and services associated with your request, in accordance with applicable law. For any electronic health records we maintain about you, you may request that we provide the information in paper format or electronic format. We may charge a reasonable fee for the cost of providing electronic information you request, not greater than our labor costs in responding to the request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may, in certain instances, request that the denial be reviewed. If we grant a review, we will choose a licensed healthcare professional to review your request and our denial. This reviewer will not be the person who denied your initial request. We will comply with the review outcome, in accordance with applicable law.

Right to Amend. If you believe personal health information we keep about you is incorrect or incomplete, you may ask us to amend the information by submitting a written request to our Privacy Officer. We may deny your request for an amendment if the information was not created by us, or if the person who created the information is no longer available to make the amendment, or if it is not part of the health information kept by or for Hale Kipa; or if it is not part of the information which you would be permitted to inspect and copy; or if our information is accurate and complete in our professional judgment. Any amendment we make to your personal health information will be disclosed to those who need to know of the amendment, to the extent required by law.

Right to an Accounting of Disclosures. You have the right to request an accounting (a list) of any disclosures of your personal health information we have made, except for uses and disclosures for treatment and services provided. For any electronic health records we maintain about you, you may also request an accounting of uses and disclosures for treatment and services provided subject to certain exceptions, restrictions and limitations. To request this list of disclosures, your request must be in writing on a form that we will provide to you, and must be submitted to our Privacy Officer. Your request must state a time period that may not be longer than six years before the date of your request, and in the event you seek electronic information, this period may be shorter in accordance with applicable law. We will mail you an accounting of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the accounting within that time period and by what date we can supply the accounting, not to exceed a total of 60 days from your request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment or services provided, or to request a limit on the health information we disclose about you to someone who is involved in your care. While we may accommodate reasonable requests for restrictions, we are not required to do so. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing on a form that we will provide or is agreeable to us, and submit the form to our Privacy Officer. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about service matters in a certain manner or at a certain location. For example, you may ask that we only contact you at a certain phone number. During our intake process, you may advise us of any special instructions as to how you wish to receive communications about your health and services provided or for any other instructions on notifying you about your health information. We will accommodate all reasonable requests as required by the HIPAA privacy rule.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice at any time upon request. You may also obtain a copy of this Notice on our website at <https://www.halekipa.org/annualreportsnew/> under Public Documents.



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Right to Receive Notification of a Breach of Your Information. You have the right to and will receive notification if, after evaluation under standards established by law, we determine that your unsecured personal health information has been breached.

Hale Kipa is required by law to maintain the privacy of your health information and to provide this Notice to you. We must abide by the terms of this notice or any update to this notice.

We reserve the right to change this Notice and to make the changed Notice effective for health information we already have about you, as well as any information we receive in the future. If we make an important change to our privacy practices, we will promptly change this Notice and the new Notice will be posted at the facility and on our website. A paper or electronic copy will be distributed to new clients at our facilities and will be available to you upon requests.

If you have a complaint about your privacy rights or our privacy and security practices, you may file a complaint with us (contact our Privacy Officer at the address below) or with the Secretary of the Department of Health and Human Services, Office for Civil Rights (visit <https://www.hhs.gov/ocr/index.html> or call 1 (800) 368-1019). You will not be penalized for filing a complaint.

If you have any questions about this notice, please contact our Privacy Officer, who may be reached at; 91-2128 Old Fort Weaver Road, Ewa Beach, Hawaii 96706 or by calling (808) 589-1829.



NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided a copy of Hale Kipa Inc's, Notice of Privacy Practices.

Signature of Participant

Printed Name of Participant

Date

Signature of Parent/Legal Guardian (if minor)

Printed Name of Parent/Legal Guardian

Date

Signature of Staff Member

Printed Name of Staff Member

Date

This notice is effective September 2017