

# UCERA

*University Clinical, Education & Research Associates*

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677 Ala Moana Boulevard, Suite 1001 • Honolulu, HI 96813-4100 • phone: (808) 469-4900 • fax: (808) 536-7315

## **NOTICE OF PRIVACY PRACTICES**

Effective Date of Revised Notice: September 23, 2013

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

Each time you are seen by one of UCERA's providers in a hospital, faculty practice clinic, doctor's office, nursing home or other facility, a record of your visit is made. This record contains information about your symptoms, examinations, test results, medications you take, your allergies and the plan for your care. We refer to this information as your health or medical record. It is an essential part of the healthcare we provide for you. Your health record contains personal health information and there are state and federal laws to protect the privacy of your health information.

This health information may identify you and relate to your past, present or future physical or mental health condition and related health care services and is called Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your Protected Health Information. We are required by law to maintain the privacy of Protected Health Information and to provide you with notice of our legal duties and privacy practices with respect to Protected Health Information. We are required to abide by the terms of this Notice of Privacy Practices.

To promote continuity and consistency of care, our providers at affiliated hospitals participate in an integrated health record system. This means that information created in the course of caring for you may reside in the integrated record and may be available to other providers participating in the integrated record system who are involved with your care. These other providers may not be UCERA providers and are legally separate and responsible for their own acts.

Additionally, UCERA physicians and providers are using an electronic health record (EHR) software that allows us to comply with Federal laws while also allowing us to gain access to shared medical records and share medical records with other providers and partners in our EHR network(s). The EHR network(s) assure that all participating providers are adhering to strict levels of confidentiality regarding all patient records.

## **USES AND DISCLOSURES OF HEALTH INFORMATION**

We will use your information for:

1. Treatment. The physicians, nurses and clinical staff involved in your care will document information in your record about your examination and the care planned for you. We may disclose your health information to other health care providers for treatment purposes.

For example, we may disclose your Protected Health Information to doctors, nurses, and other health care personnel or providers to coordinate the different care you need, such as prescriptions, lab work, and X-rays. We may also permit disclosure of your electronic health record via electronic transfer to other facilities and providers for treatment purposes. We also may disclose your Protected Health Information to other people who provide services that are part of your care, such as a hospice or home care agency. We participate in one or more Health Information Exchanges ("HIE"). Your health information and basic identifying information regarding your visits to our facilities

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maybe shared with the HIEs for the purposes of diagnosis and treatment. Other providers participating in these HIEs may access this information as part of your treatment.

We may also use health information about you to call or send a letter to remind you about an upcoming appointment, to follow up with diagnostic test results, or to provide you with information about other treatments and care that could benefit your health.

2. Payment. A bill will be sent to you or your insurance. We may include information that identifies you, as well as your diagnoses, procedures, healthcare providers and supplies used. We also may contact your insurance company to determine if they will pay for your medical care as part of their certification process. We may also disclose your health information to third parties for collection of payment.
3. Health care operations. UCERA physicians, nurses, managers and staff may look at your health information to assess the care and results in your case and others like yours. UCERA is a faculty practice plan affiliated with the University of Hawaii's John A. Burns School of Medicine, so we may use your information in the process of educating and training students and resident physicians. Additionally, we may use or disclose, as needed, your Protected Health Information in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities.

You have the right to request a restriction on the above uses and disclosures of your protected health information for treatment, payment and health care operations; however, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We may, however, also end the agreement at any time after informing you of such.

## **OTHER PERMITTED DISCLOSURES**

### **Business Associates**

Some services in our organization are provided through contracts with business associates. To protect your health information, however, we require the business associate to protect your information.

### **Communication with Others Involved in Your Care**

We may disclose to a family member, or other relative, close personal friend or any other person you identify, health information directly relevant to that person's involvement in your care or payment related to your care.

The disclosure will only be done if you agree, or are silent when given the opportunity to disagree, or we believe, based on the circumstances and our professional judgment that you do not object. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

If you are incapacitated or in an emergency circumstance, we may disclose to a family member, or other relative, close personal friend, or any other person accompanying you, health information directly relevant to that person's involvement in your care or payment related to your care.

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## **Disaster Relief**

We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## **Research**

Under certain circumstances, we may use and disclose health information about you from your medical record for research purposes. All research projects, however, are subject to a special approval process designed to protect the privacy of your health information.

## **Childhood Immunizations**

We may disclose a student's immunization records to schools required to obtain proof of immunization prior to admitting the student as long as we obtain verbal authorization from the student or the student's legal representative.

## **Required by Law (Without Authorization)**

Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. Examples of some of the types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government audits or investigations (such as the Department of Health and Human Services);
- Required by Court Order;
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Examples of these types of disclosures include, but are not limited to:

Food and Drug Administration	Public Health or legal authorities charged with disease prevention and health oversight agencies
Correctional institutions	Workers Compensation Agents
Organ and Tissue Donation Organizations	Military Command Authorities
Funeral Directors, Coroners and Medical Examiners	National Security and Intelligence Agencies
Protective services for the President and others	Law enforcement as required by law or in accordance with a valid subpoena

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## **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Release of psychotherapy and psychiatry notes;
2. Uses and disclosures of Protected Health Information for marketing purposes;
3. Subsidized treatment communication; and
4. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer, and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **PATIENT RIGHTS**

You have the right to:

- Inspect and obtain a copy of your health record other than psychotherapy/psychiatric notes, information compiled in anticipation of or for use in civil, criminal, or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to UCERA at the address on the top of this page. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
  - **Right to an Electronic Copy of Electronic Health Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic health record.

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- Request an amendment of your health records if you feel a portion of your health records that we created is incorrect or incomplete. We are not required to agree to your request.
- Obtain an accounting of disclosures of your Protected Health Information. However, the following disclosures will not be accounted for: (i) disclosures made more than six years before your request, (ii) disclosures made for the purpose of carrying out treatment, payment or health care operations, (iii) disclosures made to you, (iv) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (v) disclosures for national security or intelligence purposes, (vi) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. We may charge you a reasonable fee for this accounting.
- Request communication of your health information in a certain way or at a certain location. For example, you can ask that we contact you by mail and not by telephone, or that we contact you at a specific telephone number, or that we use an alternative address for billing purposes, or that we not leave messages on certain answering machines.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Request a restriction on the information disclosed to your health plan if you pay for related items or services, out-of-pocket and in full (or in other words, you have requested that we not bill your health plan), at the time the services are provided. We will honor this request.

Our duties are to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect about you through this notice;
- Abide by the terms of the notice currently in effect;
- Notify you if we are unable to agree to a requested restriction;
- Notify you immediately if we receive information that there has been a breach involving your health information;
- Follow reasonable requests you make to communicate with you as you instruct, for example, contact you at a certain telephone number or address; and

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- Provide you a paper copy of this notice of privacy practices upon request. You may also obtain a copy of this notice from our website at [www.ucera.org](http://www.ucera.org).

To exercise any of these rights, your request must be in writing and mailed to UCERA at the address at the top of this page.

Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review. In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes the reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

UCERA reserves the right to change this Notice of Privacy Practices and its policies and procedures for privacy practices at any time and to make the changes effective for all protected health information created or received prior to the new effective date and then currently maintained by the practice location. The revised Notice will be posted on our website and in waiting rooms or patient lobbies and reasonable efforts will be made to advise you of the change(s) in the Notice, policies and procedures at your next service visit. You may also obtain a copy of the revised Notice upon request.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have any questions about your rights or duties or our practices and procedures regarding protected health information, please call UCERA's Customer Service department at (808)469-4900.

If you believe your privacy rights have been or are being violated, you may complain to UCERA at: UCERA Privacy Officer, 677 Ala Moana Blvd., Suite 1001, Honolulu, Hawaii 96813. You may also file a complaint with the Secretary of the Department of Health and Human Services. Complaints to the Secretary must be filed in writing on paper or electronically and must be made within 180 days of when you became aware of, or should have been aware of, the incident giving rise to your complaints. By law, you will not be penalized for filing a complaint.