



St. Francis

HEALTHCARE SYSTEM OF HAWAII

A Legacy of Caring for Hawaii's People

NOTICE OF PRIVACY PRACTICES

Effective June 2009

**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 St. Francis Healthcare System of Hawaii (SFHS) programs. This Notice applies to all SFHS associates (includes all employees, temporary agency personnel, contracted services personnel, volunteers, students, trainees, and independent contractors) who provide services to SFHS or its subsidiaries.

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 client. 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 on our website at www.stfrancishawaii.org. 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 or disclose your health information as needed for treatment, payment or health care operations.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

On the next few pages, we describe the ways we may use or 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 use your health information to treat or serve your health needs. We use your health information to install the Lifeline emergency response system in your home. We may receive and share your health information with doctors, nurses, social workers, service providers and other people who care for you. For example:

- We may discuss your health or condition with your doctor or nurse in order to plan your care.
- We need to know how well you can walk and move your arms, and if you have a shower chair or grab bars at home in order to bathe you.

- We need to know your medical conditions, including any drug allergies, before we activate your Lifeline system.

Payment

We may use or disclose your health information to bill and collect payment for your treatment, personal care services or Lifeline system. For example:

- We may tell your health plan that your doctor has referred you to us for care, so we can get your health plan's approval.
- We may give your health information to our business associates, other companies that prepare bills, process claims and collect payments for us. These business associates must agree to safeguard your health information.
- We may send your health information to the City & County of Honolulu, Elderly Affairs Division or other grantors who provide financial support, so we will be paid for the services we provided to you.

Health Care Operations

We may 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 use your health information to measure and improve the quality of our services.
- If a translator is needed to help us communicate with you, we may disclose your health information to the translator.
- We may disclose health information to our accountants and lawyers to make sure we are following the laws and rules that affect us.

St. Francis Covered Entities May Share Your Health Information

St. Francis Hospice, St. Francis Home Care Services, and the St. Francis Palliative Care Program form an affiliated covered entity, and may share health information with each other as necessary to carry out treatment, payment or health care operations. Your written authorization will be needed for covered entities to share your health information with other St. Francis programs including, St. Francis Health Services for Senior Citizens, St. Francis Lifeline, St. Francis Healthy Lifestyles Program, and St. Francis Stay Healthy at Home in order to provide health or personal care services.

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, treatments or personal care services 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, to the St. Francis Healthcare Foundation of Hawaii 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

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 ask your son to install grab bars for you in the bathroom, or we may ask your daughter to complete your Lifeline Care Plan Agreement.

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.

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 client 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 protocols 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 5, 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 St. Francis Healthcare System of Hawaii or the Lifeline program 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: **St. Francis Healthcare System of Hawaii**
 Attention: Privacy Officer
 2226 Liliha Street, Suite 227
 Honolulu, HI 96817

Telephone: **(808) 547-8140**

This Notice is effective June 2009.