

Notice of Privacy Practices

Effective Date: June 25, 2010

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

If you have any questions about this notice, please contact our Privacy Official at 808-263-5156.

WHO WILL FOLLOW THIS NOTICE

This notice describes Adventist Health health care systems' practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of the health care system.
- Any volunteer in our organizations.
- All employees, staff and other designated personnel (e.g., students, contracted agency staff).
- Physicians and other health care providers on our staff, while they are practicing in our facilities.
- All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical/behavioral health information with each other for treatment, payment or health care operations purposes described in this notice.

Kailua - Castle Medical Center, Castle Performance and Rehabilitation Center, Castle Wellness and Lifestyle Medicine Center, Ko'olau Pharmacy, Castle Outpatient Clinic, Kailua Imaging Center and Lab.

Kaneohe – Castle Professional Center Laboratory, Radiology, Pharmacy, Castle Performance and Rehabilitation Center, Castle Home Care and Castle Community Care.

OUR PLEDGE REGARDING MEDICAL/BEHAVIORAL HEALTH INFORMATION

We understand that medical/behavioral health information about you and your health is personal. We are committed to protecting medical/behavioral health information about you. We create a record of the care and services you receive in our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. Physicians (personal, consultants, specialists) involved in your care may have different policies or notices regarding the doctor's use and disclosure of your medical/behavioral health information created and/or maintained in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical/behavioral health information about you, via any medium (written, oral, or electronic). We also describe your rights and certain obligations we have regarding the use and disclosure of medical/behavioral health information.

We are required by law to:

- Make sure that medical/behavioral health information that identifies you is kept private and confidential (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical/behavioral health information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL/BEHAVIORAL HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical/behavioral health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or

disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment.** We may use medical/behavioral health information about you to provide you with medical treatment or services. We may disclose medical/behavioral health information about you to doctors, nurses, technicians, health care students (nursing, medical, psychology, etc.), or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell a dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical/behavioral health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical/behavioral health information about you to others who may be involved in your medical care, such as caregivers, clergy or others we use to provide services that are part of your care. We also may disclose medical/behavioral health information about you to individuals outside the facility who may be involved in your medical care after you leave our facility.

- **Payment.** We may use and disclose medical/behavioral health information about you so that the treatment and services you receive may be billed and collected from you, the party responsible for your bill, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **Health Care Operations.** We may use and disclose medical/behavioral health information about you for health care operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care. For example, we may use medical/behavioral health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical/behavioral health information about our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students (nursing, medical, psychology, etc.), and other personnel for review and learning purposes. We may also disclose information to accreditation agencies, such as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) for purposes of evaluating this facility for accreditation.

We may also combine the medical/behavioral health information we have with medical/behavioral health information from other health care agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical/behavioral health information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **Appointment Reminders.** We may use and disclose medical/behavioral health information to contact you as a reminder that you have an appointment for treatment or medical care.

- **Treatment Alternatives.** We may use and disclose medical/behavioral health information to tell you about or recommend possible treatment options or alternatives that may be important to you.

- **Health-Related Benefits and Services.** We may use and disclose medical/behavioral health information to tell you about health-related benefits or services that may be of interest to you.

- **Fundraising Activities.** We may use contact information about you— such as your name, address and phone number, and the dates you received treatment or services at the hospital— in order to appeal for funds for the hospital and its operations. We may disclose the same information about you to a foundation related to the hospital so that the foundation may contact you in an effort to raise money for the hospital. Please write to us at Development Dept., Castle Medical Center, 640 Ulukahiki Street, Kailua, HI, 96734, if you wish to have your name removed from the list to receive fundraising requests supporting Castle Medical Center in the future. In the event that you contact us with this request, all reasonable efforts will be taken to ensure that you will not receive any fund-raising communications from us in the future.

• **Hospital Directory.** We may include certain limited information about you in the hospital directory. This is a daily list of patients in our facility. This information may include your name, location in the hospital, your general condition (e.g., fair, serious, etc) and your religious affiliation. Unless there is a specific request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends, and clergy can visit you in the hospital and generally know how you are doing. Certain state laws may not allow behavioral health or chemical dependency patient information to be included in the hospital directory.

• **Individuals Involved in Your Care.** We may release medical/behavioral health information about you to a friend or family member who is involved in your medical care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital. Certain state laws may require us to get your written authorization before we release behavioral health information to a friend or family member who is involved in your care.

• **Disaster Relief.** We may disclose medical/behavioral health information about you to an entity assisting in a disaster relief effort (for example, the Red Cross) so that your family can be notified about your condition, status and location.

• **Research.** Under certain circumstances, we may use and disclose medical/behavioral health information about you for research purposes, when approved by the Institutional Review Board or Privacy Board. Researchers may only use the names of a person when requesting additional information for research studies approved by the cancer commission of the Hawaii Medical Association.

• **As Required by Law.** We will disclose medical/behavioral health information about you when required to do so by federal, state, or local law. For example, physicians, hospitals, skilled nursing homes, intermediate care homes, and free-standing radiation oncology facilities and other treatment or pathology facilities must report any individual admitted with or diagnosed as having cancer to the Hawaii Tumor Registry.

• **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical/behavioral health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, if you were involved in a violent crime, disclosure may be made to law enforcement.

• **Notification in the Case of a Breach.** We are required by law to notify you in case your unprotected health information has been, or is reasonably believed to have been, disclosed as a result of a breach.

SPECIAL SITUATIONS

• **Organ and Tissue Donation.** If you are an organ or tissue donor, we may release medical/behavioral health information to organizations that handle procurement or transplantation, or to a donation bank.

• **Military and Veterans.** If you are a member of the armed forces or a veteran, we may release medical/behavioral health information about you as required by military command authorities. We may also release medical/behavioral health information about foreign military personnel to the appropriate foreign military authority.

• **Workers' Compensation.** We may release medical/behavioral health information about you to your workers' compensation program, for work-related injuries or illness.

• **Public Health Risks.** We may disclose medical/behavioral health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;

- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

• **Health Oversight Activities.** We may disclose medical/behavioral 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.

• **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical/behavioral health information about you in response to a court or administrative order. We may also disclose medical/behavioral health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

• **Law Enforcement.** We may release medical/behavioral health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the facility; and
- In emergency circumstances to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime.

• **Coroners, Medical Examiners and Funeral Directors.** We may release medical/behavioral health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical/behavioral health information about patients of the hospital to funeral directors as necessary to carry out their duties.

• **National Security and Intelligence Activities.** We may release medical/behavioral health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

• **Protective Services for the President and Others.** We may disclose medical/behavioral health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

• **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical/behavioral health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL/BEHAVIORAL HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding medical/behavioral health information we maintain about you:

• **Right to Inspect and Copy.** You have the right to inspect and receive a copy (paper or electronic) of the medical/behavioral health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include psychotherapy notes.

To inspect and copy medical/behavioral health information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department, Castle Medical Center, 640 Ulukahiki Street, Kailua, HI, 96734. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to medical/behavioral health information, you may request that the denial be reviewed. We will comply with state law when choosing a reviewer. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

• **Right to Amend.** If you feel that the medical/behavioral health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the facility.

To request an amendment, your request must be made in writing and submitted to the Privacy Official, Health Information Management Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical/behavioral health information kept by the facility;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

• **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical/behavioral health information about you other than our own uses for treatment, payment and health care operations, as those functions are described above.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Management Department. Your request must state a time period, which may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

If the request is prior to Adventist Health using automated tracking of medical information, you may not request a time period longer than six years. If the request is after Adventist Health started using electronic records, you may not request a time period longer than three years.

• **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical/behavioral health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical/behavioral health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request except when you pay for the health care service in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, or if the disclosure is required by law.

To request restrictions, you must make your request in writing to the Privacy Official, Health Information Management Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

• **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Privacy Official, Health Information Management Department. We will not ask you the reason for your request. While we are not required to agree to your request, we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

• **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website at www.castlemed.org.

To obtain a paper copy of this notice, please contact the Health Information Management Department, Castle Medical Center, 640 Ulukahiki Street, Kailua, HI, 96734 or call 808 263-5400.

CHANGES TO THIS NOTICE

• We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical/behavioral health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility. The notice will contain on the first page, in the top right-hand corner, the effective date. If the notice is changed, we will offer you a copy of the notice upon your request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the facility, contact the Privacy Official at Castle Medical Center, 808-263-5156. All complaints must be in writing; therefore you will be asked to submit your complaint in writing or we will assist you in documenting your complaint.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL/BEHAVIORAL HEALTH INFORMATION

Other uses and disclosures of medical/behavioral health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical/behavioral health information about you, you may revoke that permission, in writing, at any time. *If you revoke your permission, we will no longer use or disclose medical/behavioral health information about you for the reasons covered by your written authorization.* You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.