



## NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS & RESPONSIBILITIES

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### GET A COPY OF YOUR HEALTH RECORD

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### ASK US TO CORRECT YOUR HEALTH RECORD

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

### REQUEST CONFIDENTIAL COMMUNICATIONS

You can ask us to contact you in a specific way (Example: home or office phone) or to send mail to a different mailing address. We will say "yes" to all reasonable requests.

### ASK US TO LIMIT THE INFORMATION WE SHARE

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

You can ask us not to use or share your health information for any other reason. We will generally say "yes" unless a law requires us to share that information.

### GET A LIST OF THOSE WHO WE HAVE SHARED YOUR INFORMATION WITH

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll

provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### GET A COPY OF THIS PRIVACY NOTICE

You can ask for a paper or electronic copy of this notice at any time, even if you have already received it. We will provide you with a copy in your preferred format promptly.

### CHOOSE SOMEONE TO ACT ON YOUR BEHALF

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

### FILE A COMPLAINT IF YOU BELIEVE YOUR PRIVACY RIGHTS WERE VIOLATED

You can file a complaint if you feel we have violated your rights through the WCCHC Compliance Department.

Call 808- 622-2665, or

Call our Anonymous WH Compliance Hotline at 808- 622-2665, or

Mail a Letter to: Wahiawa Center for Community Health, ATTN: Compliance Department, 302 California Ave Suite 106, Wahiawa, HI 96786, or Email us at [compliance@wahiawahealth.org](mailto:compliance@wahiawahealth.org)

You can file a complaint with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights:

Call 1-877-696-6775, or

Mail a Letter to: 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, or Email [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov), or Visit the website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

We will not retaliate against you for filing a complaint.

### REPORT FRAUD, WASTE AND ABUSE

Our Health Center is committed to ethical conduct, compliance with all federal and state laws, and the responsible use of public funds.

Suspected fraud, waste or abuse involving federally funded programs may be reported anonymously to:

The HHS Office of Inspector General at 1-800-447-8477, or

OIG Online at <https://oig.hhs.gov/fraud/report-fraud/>

You may also report concerns internally by:

Call our Compliance Department at 808-622-2665, or

Call our Anonymous WCCHC Compliance Hotline at 808-622-2665

Retaliation against any individual who reports a concern in good faith is strictly prohibited.

## PATIENT CHOICE

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes

## PATIENT RESPONSIBILITIES

- Recognize and respect the rights of other patients, families, and staff. Threats, violence, or harassment of other patients and staff will not be tolerated.
- Observe all of WH's safety rules and posted signs and comply with our no smoking policy.
- Refrain from conducting any illegal activity on WH property. If such activity occurs, WH will report to police.
- Do not bring weapons of any kind on WH property. If a weapon is found to be in your possession, WH will report to police and you will be removed from the property.
- Cooperate with your treatment staff by telling them everything you know about your current health problems, past illnesses and any other matters related to your general health.

- Pay special attention to unexpected changes in your health and tell your doctor or nurse practitioner.
- You are responsible for following the treatment instructions recommended by your doctor and other practitioners. You are also responsible for your actions if you refuse treatment or do not follow a provider's instructions.
- Be sure to ask questions if you are unsure or do not understand something.
- You are responsible for your own actions and must prevent injury to yourself, other patients, visitors, or staff members.
- You are responsible for making your appointments on time or calling to cancel if you are unable to keep your appointment. You are responsible for making a good faith effort to meet financial obligations to WH.
- Be aware of WH's obligation to be reasonably efficient and equitable in providing care to other patients and the health of the community.

### Wahiawā Health Uses & Disclosures

How we typically use or share your health information. We typically use or share your health information in the following ways:

#### To Provide Treatment

We can use your health information and share it with other professionals who are treating you. Examples: A healthcare provider is treating you for an injury asks another doctor about your overall health condition. A Health Center provider may share your prescription history with the hospital where you are having surgery.

#### Healthcare Operations:

We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

#### Bill for Your Services

We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information

see: <https://www.hhs.gov/hipaa/for-individuals/index.html>

## Public Health and Safety Issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## Medical Emergencies

We may disclose your health information to medical personnel without your written consent when needed to address a bona fide medical emergency and your consent cannot be obtained, or when your treating program is closed during a declared disaster and we're unable to obtain your consent. We will only share what is needed to treat you at that time.

## Comply with the Law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. If there are different laws covering your health information, we will follow the law that offers the greatest privacy protections to you.

## Work with a Medical Examiner or Funeral Director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address Workers' Compensation, Law Enforcement, and Other Government Requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to Lawsuits and Legal Actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Responsibilities of Wahiawā Health Uses & Disclosures

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

### CHANGES OF TERMS TO THIS NOTICE

We can change the terms of this notice at any time, and the changes will apply to all information we have about you. The new notice will be available upon request, posted in our clinical service sites, and on our website.

### Questions Regarding This Notice Should Be Directed To:

Wahiawā Center for Community Health  
Attn: Compliance Department  
302 California Ave, Wahiawā HI 96786  
Telephone: (808)622-2665  
Email: [compliance@wahiawahealth.org](mailto:compliance@wahiawahealth.org)

We can change this notice and make the new provisions effective for all the information we have about you. We will post the updated notice in our reception area and on our website [www.wahiawahealth.org](http://www.wahiawahealth.org). You may also request a paper copy of the current notice.

## USES & DISCLOSURES OF SUBSTANCE USE DISORDER (SUD) RECORDS

### 42 CFR Part 2

Substance Use Disorder (SUD) treatment records are protected by a federal law known as 42 CFR Part 2 (42 C.F.R. Part 2). This law provides extra privacy protections beyond HIPAA for records created by federally assisted SUD programs. In most cases, we may not use or disclose your SUD records without your written consent. (42 C.F.R. § 2.13; § 2.31)

We may use or disclose your SUD records only as described below or as otherwise permitted by law.

When we may use or share your SUD records in the following ways:

#### 1. With Your Written Consent

You may sign a written consent form allowing us to use or disclose your SUD records for:

- Treatment – to coordinate your care with other providers
- Payment – to bill for services
- Health Care Operations – to improve care, conduct audits, accreditation, and program management

You may sign a single consent allowing future uses and disclosures for treatment, payment, and health care operations. (42 C.F.R. § 2.31; § 2.33)

If you authorize disclosure to a HIPAA-covered entity or business associate, the recipient may further disclose the information as permitted by HIPAA, except for use in civil, criminal, administrative, or legislative proceedings against you. (42 C.F.R. § 2.33)

#### 1A. SUD Counseling Notes (Special Protection)

SUD counseling notes are notes recorded by a SUD or mental health professional that document or analyze the contents of a counseling session and are kept separate from your medical record.

We will not disclose SUD counseling notes unless you provide specific written consent for their release, even if you have signed a general consent for treatment, payment, or health care operations.

(42 C.F.R. § 2.31; § 2.33; see also heightened protections consistent with psychotherapy notes under HIPAA, 45 C.F.R. § 164.508(a)(2))

## 2. Medical Emergencies

We may disclose SUD records without your consent in a bona fide medical emergency when:

- Your consent cannot be obtained, or
- A natural or major disaster prevents obtaining consent.

(42 C.F.R. § 2.51)

## 3. Public Health and Safety (Limited Exceptions)

We may disclose SUD records without your consent only in these limited situations:

- To report suspected child abuse or neglect as required by law (42 C.F.R. § 2.12(c)(6))
- To notify patients or physicians of an FDA-related product risk (42 C.F.R. § 2.53)
- To report a crime committed or threatened on program premises or against program staff (42 C.F.R. § 2.12(c)(5))
- To a public health authority only if the information is de-identified (42 C.F.R. § 2.52)

## 4. Research, Audit, or Program Evaluation

We may use or disclose SUD records without your consent for:

- Scientific research
- Audits or program evaluations
- Government oversight activities

provided that strict confidentiality safeguards are in place.

(42 C.F.R. §§ 2.52, 2.53, 2.54)

## 5. Court Orders and Legal Proceedings

SUD records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless:

- You provide specific written consent, or

- A court issues a special Part 2 court order after notice and an opportunity to be heard.

A subpoena alone is not sufficient.

(42 C.F.R. §§ 2.61–2.67)

#### Redisclosure Protections

Any SUD records disclosed with your consent remain protected by federal law. The recipient is prohibited from redisclosing the information unless permitted by your written consent or by law.

(42 C.F.R. § 2.32)

#### Your Rights Related to SUD Records

You have the right to:

- Refuse to sign a consent form (42 C.F.R. § 2.31)
- Revoke consent at any time in writing (42 C.F.R. § 2.31(a)(8))
- Request an accounting of disclosures for up to three (3) years (42 C.F.R. § 2.13(d))
- Request restrictions on disclosures consistent with applicable law

I, \_\_\_\_\_, have read and/or received a copy of the Wahiawā Health Center's Notice of Privacy Practices.

\_\_\_\_\_  
Patient or Legal Guardian Signature

\_\_\_\_\_  
Print Name (if not the Patient Signature)

\_\_\_\_\_  
Date