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Owner: *Debra Claffin: Patient Accounting Manager*
Area: *REG Health Information Management*
References:
Applicability: *HHSC East Hawaii Regional Documents*

Notice of Privacy Practices

I. PURPOSE:

To define requirements for Hilo Medical Center's Notice of Privacy Practices.

II. POLICY:

- COPY
- A. Effective April 14, 2003, Hilo Medical Center will provide each individual with a Notice of Privacy Practices ("Notice"):
 - 1. Prior to or on the date of first service delivery;
 - 2. As soon as reasonable and practical after an emergency treatment situation;
 - B. Exception: Inmates do not have a right to Notice.
 - C. Hilo Medical Center will ask the patient/resident or personal representative to acknowledge in writing that he/she has received the Notice no later than when service is first delivered to the patient, unless it is an emergency. Hilo Medical Center will document its good faith efforts and the reason why its efforts were unsuccessful. In the case of an emergency, once the emergency situation has passed, the Notice of Privacy Practices will be provided as soon as it is reasonable and practical.
 - D. Hilo Medical Center will post the Notice in a clear and prominent location within the Admissions Department, Emergency Department, Hawaii Pacific Oncology Center and the Extended Care Facility, so that individuals seeking service from Hilo Medical Center will be able to read the Notice. Hilo Medical Center will also have the Notice available at the Admissions Department for individuals who would like to take a copy with them.
 - E. The Notice will include the following elements:
 - 1. The header statement, "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."
 - 2. A description and at least one example of uses and disclosures related to treatment, payment and health care operations.
 - 3. Other uses or disclosures which Hilo Medical Center is permitted or required to make without the individual's authorization.

4. A statement that other uses and disclosures will be made only with the individual's written authorization and that the individual may revoke such authorization.
 5. If applicable, a statement that Hilo Medical Center may contact the individual to provide appointment reminders, information about treatment alternatives or other health-related services.
 6. If applicable, a statement that Hilo Medical Center may contact the individual for its own fundraising purposes.
 7. A statement and brief description of the individual's rights to:
 - a. Request restrictions on certain uses and disclosures, accompanied by a statement that Hilo Medical Center is not required to agree to a requested restriction;
 - b. Receive confidential communications;
 - c. Inspect and copy protected health information;
 - d. Amend protected health information;
 - e. Receive an accounting of disclosures; and
 - f. Obtain a paper copy of the Notice from Hilo Medical Center upon request, even if the individual has agreed to receive the Notice electronically.
 8. A statement that Hilo Medical Center:
 - a. Is required by law to maintain the privacy of protected health information and to provide individuals with Notice;
 - b. Is required to abide by the terms of the Notice currently in effect; and
 - c. If applicable, reserves the right to change the terms of its Notice and to make provisions of the new Notice effective for all protected health information it maintains. Hilo Medical Center will also describe how it will provide individuals with a revised Notice.
 9. A statement and brief description of the individual's right to complain, without fear of retaliation, to Hilo Medical Center and to the Secretary of Health and Human Services if he/she believes his/her privacy rights have been violated.
 10. The name, title and telephone number of a person or office to contact for further information.
 11. The effective date of the Notice.
 12. If applicable, a description of more limited uses and disclosures observed by Hilo Medical Center.
- F. If there is a material change to Hilo Medical Center's privacy practices, Hilo Medical Center will promptly revise and distribute its Notice, as described in sections A, C and D above. Changes to terms of the Notice will be implemented on or after the effective date of the Notice, except when otherwise required by law.
- G. Hilo Medical Center will prominently post the Notice on its web site.
- H. Hilo Medical Center may e-mail the Notice to an individual. If Hilo Medical Center knows that an e-mail transmission has failed, Hilo Medical Center will provide a paper copy of the Notice to the individual. In addition, upon request, Hilo Medical Center will provide a paper copy of the Notice to any individual who receives the Notice electronically.
- I. Hilo Medical Center will retain copies of its Notices for six years. Hilo Medical Center will also retain individuals' written acknowledgement of receipt of the Notice and documentation of good faith efforts to obtain such written acknowledgements for six years.

1. Covered entities participating in an organized health care arrangement with Hilo Medical Center may issue a joint Notice, which:
 2. Describes the covered entities to which the Notice applies.
 3. Describes the service delivery sites to which the Notice applies.
- J. States that the covered entities participating in the organized health care arrangement will share protected health information with each other as necessary to carry out the treatment, payment or health care operations functions of the organized health care arrangement.
- K. Covered entities participating in an organized health care arrangement will provide the Notice to individuals as described in sections A, C and D above. Provision of the joint Notice to an individual by any one of the covered entities will satisfy the provision requirement for all other participating covered entities.

III. PROCEDURE:

- A. Hilo Medical Center Admissions, Emergency, Home Care and Long-Term Care Departments as well as the Hawaii Pacific Oncology Center will ask the individual to acknowledge in writing that he/she has received the notice as a part of his/her admissions or registration process. Please refer to the appropriate form as listed at the end of this procedure.
- B. If unable to obtain written acknowledgement from the individual, due to an emergency situation or the individual's unavailability or incapacity, Hilo Medical Center may exercise professional judgement and ask the family member, personal representative or other person responsible for the care of the individual for written acknowledgement.
- C. Hilo Medical Center will document the reason why its efforts were unsuccessful. If the patient's acknowledgement cannot be obtained or the notice was signed by anyone other than the patient or patient's personal representative, a copy of the "COA Tracking Form" will be attached to the record and that form will document attempts to obtain appropriate acknowledgement, as well as document the reasons for success or failure. This document becomes a permanent part of the medical record.
- D. Authority of Personal Representatives
1. Staff Member obtaining signature for receipt of Notice of Privacy Practice shall follow the policy and procedure set forth under "Personal Representative" policy 850-111-06.
- E. Methods of Recording Signature:
1. All dates, times, and signatures must be in ink.
 2. If the signature is other than the patient's, note below the signature the relationship of the signer.
 3. If the patient or legal guardian is unable to write his or her name, his mark must be obtained. This is done by first writing the patient's or guardian's name in full and then having the consentor place his mark beneath it. One person must witness this mark and must sign as a witness.
- F. Witnesses to signatures
1. Witnesses must be at least 18 years of age
 2. Witnesses must be hospital employees, physician or other practitioner with hospital privileges.
 3. Witnesses must sign in the space allocated on the form.
 4. Witness signatures only attest to the fact that the signatory signed the form.

Attachments

The following areas of Hilo Medical Center include the acknowledgement of receipt of the Notice of Privacy Practices on the Consent to Release to the Public form:

- Emergency Department
- Hawaii Pacific Oncology Center
- Long-Term Care (Ka Hale O Na Lima Aloha)
- Notice of Privacy Practices Acknowledgement (Home Care)
- COA Tracking Form

REFERENCES / RELATED POLICIES

Standards for Privacy of Individually Identifiable Health Information (HIPAA), Proposed Rule, March 27, 2002, 45 CFR Part 164, Section 164.520

Supersedes Policy: 850-111-05

Policy No.: HMC-HIM-01248

Attachments

No Attachments

Approval Signatures

Approver	Date
Joni Waltjen: East Hawaii Region Chief Financial Officer [CO]	11/2019
Debra Claflin: Patient Accounting Manager	11/2019

Applicability

East Hawaii Critical Access Hospitals, East Hawaii Long Term Care Facilities, East Hawaii Region Clinics, HHSC
East Hawaii Region, Hilo Medical Center