

PATIENT RIGHTS and RESPONSIBILITIES and NOTICE of PRIVACY PRACTICES

PATIENT RIGHTS AND RESPONSIBILITIES

Rights:

- Patients shall be treated with respect, consideration and dignity.
- Patients shall be provided appropriated privacy.
- Patients may request communication of health information in a manner that best ensues confidentiality.
- Patient disclosures and records are treated confidentially, and except when required by law, patients are given the opportunity to approve or refuse release of their record. Patients may request restrictions on the uses of disclosures of their information, and request an accounting of disclosures of their information
- Patients may revoke authorization of disclosures of their information.
- Patients may amend (add to or append information) their health record.
- Patients will be provided, to the degree known, complete information concerning their diagnosis, treatment and prognosis.
- Patients shall be informed of service fees.
- Patients have the right to refuse to participate in experimental research.
- Patients are provided means for expressing concerns and suggestions to the University of Hawaii at Hilo.
- Patients have the right to change primary or specialty physicians.
- Patients have the right to learn the licensing status of the staff.
- Patients shall be informed of any changes in their rights or responsibilities.

Responsibilities:

- Patients have the obligation to provide the full and accurate information needed by health service professionals in order to assure proper evaluation and care.
- Patients have the obligation to interact effectively with healthcare providers by asking questions concerning the diagnosis and treatment of their condition and by expressing appropriate concerns about recommended treatments.
- Patients must accept responsibility if they refuse medically recommended care.
- Patients must abide by UHH Student Health Service rules, regulations and policies.
- Patients must assume financial obligations for services received.
- Patients must respect the rights of other Patients and UHH Student Health Service staff.

NOTICE OF PRIVACY PRACTICES

IMPORTANT: This notice describes how medical information about you can be used and disclosed; and how you can get access to this information. Please review it carefully.

Uses of your Protected Health Information (PHI)

Each time you visit the University of Hawaii at Hilo Student Health Service (UHSHS), a record containing your symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment is made. Your PHI serves as:

- a basis for planning your care and treatment
- a means for processing and administering claims for payment of (a) physicians, hospitals and others, (b) reimbursements, and (c) supplemental plan benefits, for costs of healthcare services to you, and any auditing functions thereof
- a legal document describing the care you received
- a means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with safeguarding and improving health for the public
- a source of data for accreditation, licensing and credentialing activities
- a tool with which we can assess and continually work to improve the quality of care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used will help to:

- ensure its accuracy
- better understand who, when, where, and why others may access your health information; and
- make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- receive this notice upon enrollment, when confidentiality practices are substantially amended, and upon request.
- request a restriction on certain uses and disclosures of your PHI
- inspect and obtain a copy of your health record
- amend your health record
- obtain an accounting of disclosures of your PHI within 60 days of your request
- request communications of your PHI in a confidential manner by alternative means or at alternative locations
- revoke your authorization to use or disclose PHI except to the extent that action had already been taken.

Our Responsibilities

This organization is required to:

- maintain the privacy of your individually identifiable health information
- provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction and
- accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've provided to us.

We will not use or disclose your health information without your authorization, except as described in this notice or as required by law. You may authorize disclosure for other purposes by completing a written authorization that meets the requirements of law. You may revoke such authorization in writing at any time.

Effective Date: August 28, 2001

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your PHI for treatment. For example: PHI obtained by a nurse, physician, or other member of UHSHS's healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your healthcare team will then record follow-up actions they took and their observations. In that way, each provider accessing your record will know what treatment you have received and how you are responding.

We will use your PHI for payment. For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your PHI for regular health operations. For example: Members of UHSHS administrative staff may use information in your health record to assess quality of care, track visit counts or improve customer service. We may also contact you to provide appointment reminders.

As required by law: We may disclose your PHI when required to do so by any other law not already referred to in the following categories:

Business associates: There are some services provided to our organization through contracts. Examples include referrals, laboratory test, data or record-management services. When these services are contracted, we may disclose your PHI to these entities so they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your PHI, however, we required these providers to establish appropriate safeguards.

Coroners, Funeral Directors, Organ Donation: We may release PHI to coroners or funeral directors as necessary to allow them to carry out their duties. We may also disclose PHI in connection with organ or tissue donation.

Duty to warn: We may disclose PHI when necessary to protect you or others from serious threat of harm.

Federal oversight: We may disclose PHI when Federal law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith what we have not engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Food and Drug Administration (FDA): We may disclose to the FDA your PHI relevant to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Law enforcement: We may disclose your PHI for law enforcement purposes as required by law or in response to a valid judge-ordered subpoena.

Notification: We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location, your condition or your death. If you are unable or unavailable to agree or object to our discussing these matters with your family and/or friends, UHSHS professionals will use their best judgment to determine whether communications with your family or others is necessary and/or appropriate. If you are a minor, your parent or legal guardian generally has the right to obtain access to your health information.

Public Health: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Research: We may disclose your PHI to researchers only when the research has been approved by the University of Hawaii's institutional review board. The Board reviews research proposals and establishes protocols to ensure the privacy of your PHI. Without your authorization, your PHI may be disclosed to research only when it has been de-identified (cannot be linked to you as an individual). Otherwise, we will release your PHI for research purposes only if you have provided specific informed consent.

Workers compensation: We may disclose your PHI to the extent authorized by and the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

For More Information or to Report a Problem

If you have any questions or would like additional information, you may contact:

UH Hilo Student Health Service

200 W. Kawili Street
Campus Center 212
Hilo, HI 96720
Telephone: (808) 974-7636

If you believe your privacy rights have been violated, you can file a complaint with the director of UH Student Health Services-Hilo (at the below address) or with the secretary of Health and Human Services at:

Office of the Secretary

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-877-696-6775

There will be no retaliation for filing a complaint