

# NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003 – Revised August 15, 2017

*This notice describes how medical information about you may be used and shared and how you can get this information. Please read it carefully.*

AlohaCare uses and shares protected health information (“PHI”) for your treatment, to pay for care and to run our business. We may also use and share your information for other reasons as allowed and required by law.

## **Your Information**

When you see your doctor, there is a record of your visit. This record may have details about your treatment, condition, test results, and more. Your doctor sends claims to AlohaCare to pay for the services you receive. The claims may include some information from your records. We call this information about you and the services that you received your protected health information, or PHI. PHI can be verbal, written or electronic.

As your health plan, we care about keeping your PHI private. Federal law says that we must guard your PHI. This notice tells you about our privacy practices, our legal duties and your privacy rights. This notice will stay in effect until it is changed.

PHI is used in a number of ways, including planning for and coordinating your health care. That is why it may be shared with your doctor or other health care providers. It is used to process claims for the care or services you receive or to review whether the services are right for you.

AlohaCare shares your PHI, as needed, with business associates. Business associates agree to protect your verbal, written, or electronic PHI. They are not allowed to use your PHI other than as permitted by our contract with them.

## **How PHI is Used**

We may use your PHI in the following ways:

- For your treatment with your doctor or other health care providers.
- To pay doctors, hospitals and other health care providers for the care you receive.
- To make sure you receive proper health care.

## **Other Ways PHI is Used**

Your PHI may also be used or shared for:

- To send you information about new health services or about doctors, hospitals and other health care providers.
- To send you a reminder for your next appointment or health screening.
- We may share your PHI with any person or entity when you give us permission to share your PHI.

- We may also share your PHI with your family, close friends, or others involved in payment for your care without permission. This is only if you are not able to give permission, for example if you are unconscious, and we believe it is in your best interest.
- We may share your PHI with public health or legal agencies that work to prevent or control disease, injury or disability in Hawaii.
- As required by law, we may need to share PHI if we suspect abuse, neglect or domestic violence.
- We may share PHI with agencies that work to help prevent fraud and abuse and for other government activities that watch over health care.
- We may share your PHI with law enforcement officials because of a court order, warrant, subpoena or other law process.
- We may share your PHI with health oversight agencies for activities authorized by law; or special government functions such as military, national security, and presidential protective services.
- We may use or share PHI as required by the federal privacy law.
- We may share PHI with the medical examiner or a funeral director so they can do their job.
- We may share PHI with researchers who are approved to do research projects.
- We may share PHI to protect the health of another person or for the public.
- We may share PHI to help with product recalls.
- We may share PHI to assist with reporting adverse reactions to medications.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services. The Department might want to see that we're complying with federal privacy law.
- We may share PHI to comply with laws on workers' compensation or other programs.
- During a medical emergency or disaster, we may share PHI to make sure you can get the care or services you need.

### **When does AlohaCare Need your Approval to Share your PHI?**

AlohaCare must have your approval to:

- Use and share PHI for marketing reasons.
- Sell your PHI.

Except as stated in this Notice, AlohaCare uses and shares your PHI only with your written approval. You may cancel your approval at any time, unless we have already acted on it. You will need to write to us in order to cancel your approval.

## **Your Rights**

You have the right to:

- You can ask to see or get a copy your PHI and other health information we have about you.
- AlohaCare will provide a copy or summary of your PHI within 30 days of your request.
- You can ask us to correct your PHI if you think it may be incorrect or incomplete. You may ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- You can ask us to contact you in a specific way (for example, your home or office) or to send mail to a different address. We will consider any reasonable requests. We must say yes if you believe you would be in danger if we say “no.”
- You can ask us not to share or use certain PHI 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.
- You can ask for a list of times we’ve shared your PHI, who we shared it with and why. This list will be for the last six years prior to the date you requested. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures that you may have asked us to make.
- You can ask for a paper copy of this notice at any time. We will provide you with this paper copy promptly.
- 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 make sure the person has this authority and can act for you before we take any action.

## **Our Duties**

AlohaCare has certain duties to follow. We must:

- Protect the privacy of your PHI.
- Give you a notice of our privacy practices.
- Notify you when there has been a breach of your PHI.
- Follow the terms of this notice.
- Fulfill your request to send PHI to you by means other than mail or to you at another address. Your request must be reasonable and must let us continue to pay claims. We must say “yes” if you believe you would be in danger if we say “no.”
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Use and share only the PHI that we and our partners need to do our jobs.
- Make sure our business partners agree to protect your PHI the same way that we do.

We will not use or share your PHI except as required by law or as described in this notice. All the physicians and providers in our network know that your information is private and confidential. AlohaCare’s employees know that too. We use training programs and policies and procedures supported by management oversight to make sure employees know the procedures they need to follow so your information –is secure and safeguarded. Your information may be in oral, written or electronic format.

AlohaCare has the right to change the terms of this notice. AlohaCare can also make new terms effective for all PHI that is kept. This notice is available on our web site [www.AlohaCare.org](http://www.AlohaCare.org). You can also request a copy at any time.

## Report a Problem

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. If you file a complaint, we will not take action against you. Send your complaints to:

### **AlohaCare**

#### **Attn: Privacy Officer**

1357 Kapiolani Blvd., Suite 1250

Honolulu, HI 96814

Oahu: 973-0712

Neighbor Islands/Oahu (toll-free): 1-866-973-0712

TTY: 1-877-447-5990

### **U.S. Department of Health and Human Services Office for Civil Rights**

200 Independence Avenue S.W.

Washington, D.C. 20201

TDD: 1(877) 696-6775

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

## For More Information

If you would like more information on AlohaCare's privacy practices, please contact AlohaCare at the address and phone number above.

AlohaCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-808-973-6395 (TTY: 1-877-447-5990).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-808-973-6395 (TTY: 1-877-447-5990).

AlohaCare Advantage Plus is an HMO SNP with a Medicare contract and contract with the Hawaii Medicaid program. Enrollment in AlohaCare Advantage Plus depends on contract renewal.