



700 Bishop Street, Suite 300
Honolulu, HI 96813.4100
T 808.532.4000
800.458.4600
F 866.572.4393
uhahealth.com

NOTICE OF PRIVACY PRACTICES
Effective 12/01/2021

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

What Is This Notice?

This Notice tells you

- How UHA handles your health information;
- How UHA uses and gives out your health information;
- UHA's responsibilities in protecting your health information; and
- Your rights concerning your health information

What Health Information Is Protected?

Protected Health Information is information that we have created or received regarding your health or payment for your health care. It includes your medical record, health plan billing information, and personal information such as your name, address, social security number and telephone number. Information regarding mental health, drug and alcohol treatment, HIV+/AIDS, and some communicable diseases is subject to even more stringent privacy protections under Hawai'i law and might require your specific authorization before being released or provided to us.

What Are UHA's Responsibilities to You With Respect to Your Protected Health Information?

Your Protected Health Information is personal and UHA protects its privacy. We protect it in all places where we use it or store it. UHA uses the least amount of Protected Health Information necessary to do our work and we have policies about physically and electronically safeguarding your information. These policies comply with state and federal laws. UHA is required by law to maintain the privacy of Protected Health Information, provide you with this Notice, and abide by the terms of this Notice, as long as it is in effect. In addition, the security provisions of the Health Insurance Portability and Accountability Act ("HIPAA") require us to notify you in the event there is a breach of your unsecured Protected Health Information.

HOW UHA USES YOUR HEALTH INFORMATION

UHA may disclose your Protected Health Information without your written authorization if necessary while providing you health plan benefits. We may disclose your Protected Health Information for the following purposes:

Treatment Purposes

Treatment Facilitation

UHA uses your health information and communicates with your health care providers to decide which medical treatment(s) may be covered by your health plan. UHA may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest.

Payment Purposes

Payment of Claims

Example A: The claim form your provider sends us contains health information so that we can pay for the services provided.

Example B: We send "Explanation of Benefits" statements to the health plan subscriber. These statements show the date(s) services were rendered, provider's name, submitted charges, eligible charges, and amounts for which the patient is responsible.

Example C: We may share information to coordinate benefits with other coverage you may have.

Health Care Operations Purposes

- *Reviewing health care given or to be given to members*

Example A: Health Care Services. UHA may use your medical information to review services or approve authorizations for medical treatment. We may give out information to others for disease management and prevention programs.

Example B: Quality Assurance. UHA may use and give out health information to help providers improve the care they give you. This includes looking at and checking the treatment and services you receive.

- *Reviewing the use of benefits by members*

Example: Appeals. You or your authorized representative may appeal a UHA decision. The information the Appeals Committee, our consultants, lawyers, and any outside review agency use to evaluate the appeal may include your medical records.

- *Risk Management Services*

Example: UHA may evaluate health information provided by you (sometimes through your employer or your employer's insurance broker) to determine applicable premium rates. However, UHA is prohibited from using or disclosing genetic information for underwriting purposes.

- *Business Operations*

Example: UHA may use and disclose your Protected Health Information to our business associates in order to administer our business operations. These may include providers of health care services, reinsurers, auditors, software vendors, and attorneys. For example, Protected Health Information may be shared with our legal counsel to enable us to receive legal advice or to represent us in legal proceedings regarding our health care operations. Protected Health Information may also be shared in a potential merger or acquisition involving our business, to allow an informed business decision about any prospective transaction. We may share information with healthcare oversight agencies that audit, review, or investigate our business to ensure we are complying with state and federal law. We limit the information we share to the minimum necessary and to make sure that these entities protect the health information that we share.

Other Uses of Protected Health Information

UHA may also disclose your Protected Health Information without your written authorization for other purposes, as permitted or required by law. This includes:

- **Individuals Involved in Your Care or Payment for Your Care and Notification:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, information that directly relates to that person's involvement in your health care. We also may give information to someone who helps pay for your care.
- **Research.** We may want to use and disclose Protected Health Information about you for research purposes, for example, comparing the effectiveness of one medication over another. If any research project uses your PHI, we will either obtain an authorization directly from you or ask an Institutional Review or Privacy Board to waive the authorization requirement, based on assurances that the researchers will adequately protect your Protected Health Information.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Protected 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, such as if you threaten violence to a family member, we may report to the police to protect the family member, in accordance with law.
- **Specialized Government Functions.** If you are a member of the armed forces or are separated or discharged from military services, we may release Protected Health Information about you as required by military command authorities or Veterans Affairs. We may release information for national security, intelligence activities, foreign military authority requirements, and protective services for the President and others to the extent authorized by law.
- **Health Oversight Activities.** We may disclose Protected 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.
- **Public Health Activities.** We may disclose Protected Health Information about you for public health activities. For example, these activities include to prevent or control disease; to report births, deaths, child or vulnerable adult abuse or neglect, domestic violence or other violent injuries, reactions to medications or product injuries or recalls; and for organ donation.
- **Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information about you in response to an order issued by a court or administrative tribunal; or pursuant to a legally authorized request, such as a subpoena, discovery request, or other lawful process, so long as the person requesting the information has complied with HIPAA requirements to notify you and provide you a reasonable time for objections, or made reasonable efforts to obtain an order protecting the information requested.
- **Law Enforcement Purposes.** We may release Protected Health Information if asked to do so by a law enforcement official. For example, this may occur in response to a court order, subpoena, warrant, summons or similar process. Such releases of information will be made only after efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested, unless otherwise provided by law.
- **Coroners, Health Examiners and Funeral Directors.** We may release Protected Health Information to a coroner or health examiner, for example, if necessary to identify a deceased person or determine the cause of death, or to funeral directors as necessary to carry out their duties.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Protected Health Information about you to the correctional institution or law enforcement official, such as for the institution to provide you with healthcare, or protect your health and safety or the health and safety of others.
- **As Required By Law.** We will disclose Protected Health Information about you when required to do so by federal, state, or local law, such as in compliance with a court order requiring us to do so.
- **Plan Sponsors.** We may share summary health information and enrollment and disenrollment information with your group health plan sponsor, such as an employer or other entity that is providing a group health plan to you. In addition, we may share your Protected Health Information with the plan sponsor for plan administration purposes if the plan sponsor has agreed to certain restrictions on how it will use or disclose the Protected Health Information (such as agreeing not to use the Protected Health Information for employment-related actions or decisions).

Uses and Disclosures of Your Protected Health Information by UHA That Require Us to Obtain Your Authorization

Except for the purposes listed above, we will use and disclose your Protected Health Information only with your written authorization. UHA will not sell the Protected Health Information we maintain about you without your written authorization. Most uses and disclosures of Protected Health Information for UHA's marketing purposes require your written authorization. You may revoke a signed authorization in writing at any time. A revocation, however, may not affect persons who have already released information based upon your earlier authorization.

If you have questions about this Notice or would like UHA to disclose your Protected Health Information to someone you designate, please request an authorization form by calling UHA Customer Services at 532.4000 from Oahu or 1.800.458.4600 (toll-free) from the Neighbor Islands, or write to:

UHA Privacy Officer
700 Bishop Street, Suite 300
Honolulu, HI 96813

Your Rights Regarding Your Protected Health Information

UHA wants you to know your rights regarding your Protected Health Information and your dependent's Protected Health Information. You have the right to:

- Ask that we limit the way we use or disclose your Protected Health Information for treatment, payment, or health care operations. You may also ask that we limit the information we give to someone who is involved in your care, such as a family member or friend. For example, if you are a dependent on an account and do not wish your payment information in an "Explanation of Benefits" statement to be provided to the subscriber of the account, you may request that such information be restricted. Such restriction requests must be made in writing. Please note that we are not required to agree to your request. If we do agree, we will honor your limits, unless it is an emergency situation.
- Ask that we communicate with you in a certain way if you tell us that communication in another manner may endanger you. For example, if you want us to communicate to you by telephone and not in writing or at a different address, we can usually accommodate that request. We may ask that you make your request to us in writing.
- Look at or request a copy of your Protected Health Information. We may ask you to make this request in writing and we may charge you a reasonable fee for the cost of producing and mailing the copies. For any electronic health records we maintain about you, you may request that we provide the information in paper or electronic format. We may charge a reasonable fee for the cost of providing the electronic information for our labor and supply costs in responding to the request. In certain situations, we may deny your request and will tell you why we are denying it. In some cases you may have the right to ask for a review of our denial.
- Ask UHA to amend certain Protected Health Information about you that you feel is incorrect or incomplete. Your request for amendment must be in writing and must provide the reason for your request. In certain cases, we may deny your request, in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included in your Protected Health Information.
- Seek an accounting of certain disclosures by asking UHA for a list of the times that we have disclosed your Protected Health Information. This list will not include disclosures you authorized or those made for treatment, payment, or health care operations. Your request must give us the specific information we need in order to respond to your request. You may request an accounting of disclosures made up to six years prior to your request. You may receive one list per year at no charge. We may charge you a reasonable fee for responding to additional requests.
- File a complaint if you think your privacy rights have been violated or if you are dissatisfied with our breach notification policies or procedures. You may file a written complaint to the UHA Privacy Officer at the address listed above. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. UHA will not retaliate against you or your dependents if you file a complaint.

Changes To UHA's Privacy Practices

We reserve the right to change the terms of this Notice at any time. The revised Notice would apply to all the Protected Health Information that we maintain. If we change any of the practices described in this Notice, we will post the revised Notice on our Website. Member Groups will be provided a current copy upon contract renewal every year. You may request a paper copy of this Notice to be faxed or mailed to you by UHA at any time.