



"CARING FOR OHANA, CARING FOR YOU"



**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICE**

Hamakua Health Center, Inc. keeps record of health care services we provide you. You may ask to see and receive a copy of your health record. You may also ask to correct that record. Hamakua Health Center will not disclose your records to others, unless you direct us to do so, or unless the law authorizes or requires us to do so. To see your record or need more information about it please contact us at (808)775-7204.

The Notice of Privacy Practice describes in detail how your health information may be used and disclosed, and how you can access your information.

By signing below I acknowledge that I have been presented with a copy of the Hamakua Health Center, Inc. Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my health information:

Signature of patient or authorized representative

Date

Printed name of person who signed on behalf of patient

Relationship to patient

Internal Use Only

If patient/patient's representative refuses to sign acknowledgement, please document date and time notice was presented to the patient/representative and sign below

Presented on (date and time):

By (name and title):



"CARING FOR OHANA, CARING FOR YOU"



HAMAKUA HEALTH CENTER
NOTICE OF PRIVACY PRACTICES

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.

**If you have any questions about this Notice please contact
our Privacy Officer who is Milton Cortez, COO**

This Notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

What is the Notice of Privacy Practices?

The Notice explains how we fulfill our commitment to respect the privacy and confidentiality of your protected health information. This Notice tells you about the ways we may use and share your protected health information, as well as the legal obligations we have regarding your protected health information. The Notice also tells you about your rights under federal and state laws. The Notice applies to all records held by the Hamakua Health Center and its facilities and programs listed at the end of this Notice, regardless of whether the record is written, computerized or in any other form. We are required by law to make sure that information that identifies you is kept private and to make this Notice available to you. In this Notice, when we use the term "protected health information" we are referring to individually identifiable information about you, which may include:

- Information about your health condition (such as medical conditions and test results you may have);
- Information about health care services you have received or may receive in the future (such as a surgical procedure);
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered);
- Geographic information (such as where you live or work);
- Demographic information (such as your race, gender, ethnicity, or marital status);
- Unique numbers that may identify you (such as your social security number, your phone number, or your driver's license);
- Biometric identifiers (such as finger prints); and
- Full-face photographs

Who Follows the Hamakua Health Center Notice of Privacy Practices?

This Notice describes the practices of the Hamakua Health Center (collectively referred to as "we" or "us" in this Notice). The privacy practices described in this Notice will be followed by all health care professionals, employees, medical staff, trainees, students, volunteers and business associates of the Hamakua Health Center specified at the end of this Notice.

Overview

For your convenience, what follows is a summary of the key provisions in our Notice. This summary is not a complete listing of how we use and disclose your protected health information. If you have any questions about any of the information contained in this summary, please read this full Notice of Privacy Practices or contact a Hamakua Health Center staff member for more information. Hamakua Health Center may use and disclose your protected health information without your consent to:

- Provide you with medical treatment and other services;
- Carry out certain operations necessary to the operation of our facilities and programs, such as quality improvement studies, medical education and verifying the qualifications of doctors;
- Coordinate your care, which may include such things as giving you appointment reminders and telling you about other treatment options available through Hamakua Health Center;
- Talk to family or friends involved in your care, unless otherwise indicated by you;
- Ensure that we follow the rules of regulatory agencies regarding the quality of care we provide;
- Comply with all legal requirements, subpoenas, and court orders;
- Engage in certain pre-approved research activities;
- Request payment from you, your insurance company, or some other third-party payer;
- Include information in our hospital directory, such as name and room number, for the benefit of visitors or members of the clergy;
- Contact you for fundraising activities unless otherwise indicated by you; and
- Meet special situations as described in this Notice such as public health and safety.

You have a right to:

- See and obtain a copy of your medical record in the format of your choosing, with certain restrictions;
- Ask us to amend the protected health information we have about you, if you feel the information we have is wrong or incomplete;
- Ask us to restrict or limit the protected health information we use and share about you;
- Ask us to communicate with you about medical matters in a certain way or at a specific location;
- Obtain a list of individuals or entities that have received your protected health information from the Hamakua Health Center, subject to limits permitted by law;
- Be notified if your protected health information is improperly disclosed or accessed;
- Obtain a paper copy of the Notice; and
- Submit a complaint.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

How We May Use and Share your Protected Health Information with Others?

The following categories describe different ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose your information will fall within at least one of the following categories



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For Treatment. We may use or disclose protected health information about you to provide, coordinate or manage your medical treatment or services. We may also disclose protected health information about you to doctors, nurses, technicians, students or other Hamakua Health Center personnel involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the hospital's food service if you have diabetes so that we can arrange for appropriate meals. We may share protected health information about you with non-Hamakua Health Center health providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose your protected health information to people outside the Hamakua Health Center who may be involved in your continuing medical treatment after you leave our care, such as other healthcare providers, home health agencies, and transport companies. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis and/or treatment to your physician.

For Payment. In order to receive payment for the services we provide to you, we may use and share your protected health information with your insurance company or a third party, such as Medicare and Medicaid. We may also share your protected health information with another doctor, facility or service provider, such as an ambulance company or subcontractor within our facilities, that has treated you or has provided services to you so that they can bill you, your insurance company or a third party. For example, in order for your insurance company to pay for your health-related services at the Hamakua Health Center, we must submit a bill that identifies you, your diagnosis and the treatment we provided. We may also tell your health plan about a proposed treatment to determine whether your plan will cover the treatment. In addition, insurance companies and other third parties may require that we provide your social security number for verification and payment purposes

For Healthcare Operations. We may use your protected health information to support our business activities and improve the quality of care. For example, we may use your protected health information to review the treatment and services that we gave you and to see how well our staff cared for you. We may share your information with our students, trainees and staff for review and learning purposes. Your protected health information may also be used or disclosed for accreditation purposes, to handle patients' grievances or lawsuits, and for health care contracting relating to our operations.

Appointment Reminders. We may use and share your protected health information to remind you of your appointment for treatment or medical care. For example, if your doctor has sent you for a test, the place where the testing will be done may call you to remind you of the date you are scheduled

Business Associates. We may share your protected health information with a "business associate" that we hire to help us, such as a billing or computer company, or transcription service. Business associates will have assured us in writing that they will safeguard your protected health information as required by law.

Treatment Options and Other Health-Related Benefits and Services We may use your information to contact you about treatment options and other health-related benefits and services provided by the Hamakua Health Center that may be of interest to you. This may include information about our staff or about health-related products and services offered by the Hamakua Health Center that we think might be beneficial for you. However, we will not use your information to engage in marketing activities (other than face-to-face communications) without your written authorization. We also will never sell your protected health information to third parties without your written authorization to do so. However, we may receive payment to disclose your protected health information for certain limited purposes permitted by law, such as public health reporting, treatment or research.

Fundraising Activities. We may contact you to provide information about Hamakua Health Center sponsored activities, including fundraising programs and events. We may use your protected health information, such as the department where you were seen or the name of the physician you saw, in order to contact you to ask you to make a charitable contribution to support or patient care at Hamakua Health Center related to your specific treatment. If you do not want to be contacted about our fundraising opportunities and events, you can let us know at any time, and we will no longer reach out to you. You can let us know by calling 808-775-2704. Please give your name and address so that we may suppress your name from all future fundraising

Individuals Involved in Your Care or Payment for Your Care. Unless you say no, we may release protected health information to people such as family members, relatives, or close personal friends who are helping to care for you or helping to pay your medical bills. Additionally, we may disclose information to a patient representative. If a person has the authority under the law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your protected health information. Parents and legal guardians are generally patient representatives for minors unless the minors are permitted by law to act on their own behalf and make their own medical decisions in certain circumstances. If you do not want protected health information about you released to those involved in your care, please notify us.

Disaster-Relief Efforts. We may disclose your protected health information to an organization, such as the American Red Cross, assisting in a disaster relief effort, so that your family can be notified about your condition, status and location. If we can reasonably do so while trying to respond to the emergency, we will try to find out if you want us to share this information.

Research. Hamakua Health Center may engage in research to advance science both to prevent disease and to cure patients. All research projects conducted by Hamakua Health Center must be approved through a special review process to protect patient safety, welfare and confidentiality. Your protected health information may be important to research efforts and may be used for research purposes in accordance with state and federal law. Researchers may contact you regarding your interest in participating in certain research studies after receiving your authorization (permission) or approval of the contact from a special review board called an Institutional Review Board (IRB). An IRB is a special committee that protects the rights and welfare of people who participate in research studies. Enrollment in most studies may occur only after you have been informed about the study, had an opportunity to ask questions and indicated your willingness to participate by signing an authorization or consent form that has been reviewed and approved by an IRB. In some instances, federal law allows us to use your protected health information for research without your authorization, provided we get approval from an IRB or other special review board. These studies will not affect your treatment or welfare, and your protected health information will continue to be protected. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment. Federal law also allows researchers to look at your protected health information when preparing future research studies,



so long as any information identifying you does not leave a Hamakua Health Center facility. If you have any questions about how your medical record information could be used in a research protocol, please call the Hamakua Health Center Director of Quality and Compliance at (808) 930-2729.

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. You will be notified, if required by law, of any such uses or disclosures.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include: Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred, and (7) about a criminal conduct at the Hamakua Health Center.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to help stop or reduce the threat.

Public Health Risks. As required by law, we may disclose your protected health information to public health authorities for purposes related to: preventing or controlling disease, injuries or disability; reporting vital events, such as births and deaths; reporting child abuse or neglect; reporting domestic violence; reporting reactions to medications or problems with products; notifying people of recalls, repairs or replacements of products they may be using; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; and reporting to your employer findings concerning work-related illness or injury so that your workplace may be monitored for safety.

Worker's Compensation. We may share your protected health information for Worker's Compensation or similar programs that provide benefits for work-related injuries or illness.

Specialized Government Functions. If you are a member of the armed forces (of either the United States or of a foreign government), we may share your protected health information with military authorities so they may carry out their duties under the law. We may also disclose your protected health information if it relates to national security and intelligence activities, or to providing protective services for the President or for other important officials, such as foreign heads of state.

Health Oversight Activities. We may disclose your protected health information to local, state or federal governmental authorities responsible for the oversight of medical matters as authorized by law. This includes licensing, auditing, and accrediting agencies and agencies that administer public health programs such as Medicare and Medicaid.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Inmates. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law officer as authorized or required by law. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting Inmates.

Incidental Disclosures. While we will take reasonable steps to safeguard the privacy of your protected health information, certain disclosures of your information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your information. For example, during the course of a treatment session, other patients in the treatment area may see or overhear discussion of your information. These "incidental disclosures" are permissible.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgement, determine whether the disclosure is in your best interest.

Facility Directories: Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your general condition (such as fair or stable), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Your religious affiliation will be only given to a member of the clergy, such as a priest or rabbi.

2. Uses and Disclosures Requiring Your Written Authorization

Uses and Disclosures Not Covered in This Notice. Other uses and disclosures of your protected health information not described above in this Notice or permitted by law will be made only with your written authorization. In addition, we will obtain your authorization for most uses and disclosures of psychotherapy notes. When consent for disclosure is required by law, your consent will be obtained prior to such disclosure. If you give us authorization to use or share protected health information about you, you may revoke that authorization in writing at any time. Please understand that we are unable to retract any disclosures already made with your authorization.



3. Your Rights Concerning Your Protected Health Information

Right to Ask to See and Obtain a Copy. You have the right to ask to see and copy the protected health information we used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. If the record is maintained electronically by the Hamakua Health Center, you have the right to obtain an electronic copy of the record. Your request must be in writing and must be given to the Health Information Management Correspondence Unit. We may charge you a reasonable fee for the costs of copying, mailing, or other expenses associated with complying with your request. We may deny access under certain, limited circumstances. If we deny your request, we may provide you a written summary of your record or we may provide you with limited portions of your record. If we deny your request, in part or in its entirety, you may request that the denial be reviewed. A description of the process to have a denial reviewed, as well as information on how to file a complaint with the Secretary of the U.S. Department of Health and Human Services, will be included in the correspondence informing you of our decision to deny your request.

Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by filling out the ***Consent for Release of Health Information*** form. In this consent form, you can choose whether to allow the health center and its providers to share your medical records through a computer network operated by Hamakua Health Center. This can help in the management of your care and collect the medical records you have in our health center and make them electronically available to the providers treating you at the Hamakua Health Center and outside the center.

Right to Ask for an Amendment or Addendum. If you feel that the protected health information that we have about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment as long as the information is kept by or for the Hamakua Health Center. You are required to submit this request in writing by completing a "Request for Amendment to Health Information" form. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for the Hamakua Health Center;
- Is not part of the information you would be permitted to see and copy; or
- Is determined by us to be accurate and complete.

If we deny your request, we will give you a written explanation of why we did not make the amendment. You will have the opportunity to have certain information related to your request included in your medical records, such as your disagreement with our decision. We will also provide you with information on how to file a complaint with the Hamakua Health Center or with the U.S. Department of Health and Human Services.

Right to Ask for an Accounting of Disclosures. You have the right to ask us for a listing of those individuals or entities who have received your protected health information from the Hamakua Health Center in the six years prior to your request. This listing will not cover disclosures made:

- To you or your personal representative;
- To provide or arrange for your care;
- To carry out treatment, payment or healthcare operations;
- Incident to a permitted use or disclosure;
- To parties you authorize to receive your protected health information;
- To those who request your information through the hospital directory;
- To your family members, relatives, or friends who are involved in your care;
- For national security or intelligence services;
- To correctional institutions or law enforcement officials; and
- As part of a "limited data set" for research purposes.

You must submit your request in writing to the Director of Quality and Compliance at Hamakua Health Center 45-549 Plumeria Street Honoka'a, Hawaii 96727. Your request must state the time period for the requested disclosures. The first list requested within a 12-month period will be free. We may charge you for responding to any additional requests in that same period.

Right to Request Restrictions. You have the right to ask us to restrict or limit the protected health information we use or disclose about you for treatment, payment or healthcare operations. In most cases, we must consider your request, but we are not required to agree to it. However, we must agree to limit disclosures made to your health insurer or other third-party payer about services we provided to you, if, prior to receiving the medical services, you pay for the services in full, unless the disclosure of that information is required by law. If multiple medical services are provided to you at one time by the Hamakua

Health Center, you will have to pay for all of the services in order to restrict the disclosure of any one of them to your health insurance. If you require follow-up care related to the undisclosed service and you decide you do not want to pay for that follow-up care at the time it is provided to you, it may be necessary for us to tell your health insurer about the previously undisclosed service. This will be done only to the extent necessary to receive payment for subsequent medical treatment. To restrict information provided to your health insurer or to another third-party payer, you must notify a Hamakua Health Center staff member at the time of registration and fill out a ***Consent for Release of Health Information*** form indicating this preference. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or a friend. For example, you could ask that we not disclose information to a family member about a surgery you had. Your request for any restriction must be made in writing and given to the Director of Quality and Compliance at Hamakua Health Center 45-549 Plumeria Street Honoka'a, Hawaii 96727.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at home or only by mail. If you want us to communicate with you in a special way, you will need to give us details about how to contact you, including a valid alternate address. You will also need to give us information



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about where your bills may be sent. Your request must be at the time of registration. This information will be kept in our electronic patient registration system and only changed upon your request.

You do not need to provide a reason for your request. We will comply with all reasonable requests. However, if we are unable to contact you using the requested means or locations, we may contact you using whatever information we have.

Right to Receive Notice of a Breach. You have a right to be notified in the event of a breach of the privacy of your unsecured protected health information by the Hamakua Health Center or its business associates. You will be notified as soon as reasonably possible, as but no later than 60 days following our discovery of the breach. The notice will provide you with the date we discovered the breach, a brief description of the type of information that was involved, and the steps we are taking to investigate and mitigate the situation, as well as contact information for you to ask questions and obtain additional information.

Right to a Paper Copy of this Notice. Upon request, you may at any time obtain a paper copy of this Notice, even if you previously agreed to receive this Notice electronically. To request a copy, please contact the Director of Quality and Compliance at (808) 930-2729 or ask the registrar/receptionist for one at the time of your next visit.

How to File a Privacy Complaint. If you believe that your privacy rights have not been followed as directed by federal regulations and state law or as explained in this Notice, you may file a written complaint with us. Please submit your complaint to the Chief Operation Officer at the following address:

Milton Cortez
 Chief Operation Officer
 mcortez@hamakua-health.org
 Hamakua Health Center, Inc.
 45-549 Plumeria Street
 Honoka'a, Hawaii 96727

3. COMPLAINTS

You will not be retaliated against or denied any health services if you file a complaint. If you are not satisfied with our response to your privacy complaint or you otherwise wish to file a complaint, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. The complaint must be in writing, it must describe the subject matter of the complaint and the individuals or organization that you believe violated your privacy and it must be filed within 180 days of when you knew or should have known that the violation occurred. The complaint should then be sent to:

Region IX - San Francisco (American Samoa, Arizona, California, Guam, Hawaii, Nevada)

Michael Leoz, Regional Manager
 Office for Civil Rights
 U.S. Department of Health and Human Services
 90 7th Street, Suite 4-100
 San Francisco, CA 94103
 Voice Phone (800) 368-1019
 FAX (415) 437-8329
 TDD (800) 537-7697

You may contact our Privacy Officer, **Milton Cortez, COO** at (808) 775-9404 **or email, mcortez@hamakua-health.org** for further information about the complaint process.

Future Changes to North Shore-LIJ's Privacy Practices and this Notice

We reserve the right to change this Notice and the privacy practices of the organizations covered by this Notice without first notifying you. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you as well as any information we receive in the future. Copies of the current Notice will be available by contacting the Hamakua Health Center Office of Quality and Compliance at (808) 930-2729 or ask the registrar/receptionist for one at the time of your next visit. The current Notice will also be posted to the Hamakua Health Center Web site, <http://www.Hamakua-health.org>. At any time you may request a copy of the Notice currently in effect.

Organizations that will follow this Notice include all Hamakua Health Center care providers providing health care to the public at all of their delivery sites, including, but not limited to:

- Hamakua Health Center
- Kohala Family Health Center
- The Amazing Tooth Bus

This notice was published and becomes effective on **Sept 23, 2013.**



PATIENT BILL OF RIGHTS

These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits. Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and health center policy, and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the health center provides or transfer to another provider. No patient shall be coerced into making a treatment decision. The health center should notify patients of any policy that might affect patient choice.
4. The patient is entitled to all services provided at the health center once registered as a patient. Eligibility to receive a service is not dependent upon receipt of another service. For example, acceptance of family planning services is not required to receive any other service, assistance, or participation in any other program of the health center.
5. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the health center will honor the intent of that directive to the extent permitted by law and health center policy. Patients must be advised of their rights under state law and health center policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about health center policy that may limit its ability to implement fully a legally valid advance directive.
6. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
7. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the health center, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the health center will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
8. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
9. The patient has the right to expect that, within its capacity and policies, the health center will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The health center must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer.



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PATIENT RESPONSIBILITIES

1. To provide a valid picture I.D. and insurance card at the time of your appointment.
2. To provide your medication bottles or a list of your current medications at the time of your appointment.
3. Minors (under the age of 18) need to be accompanied by their parents or legal guardians with patient's birth certificate or legal custodian letter. If accompanied by other adults, a written consent is required for treatment. If minor needs immunization, please bring his/her immunization records to your appointments.
4. If you are uninsured you may be eligible for a discount. Please schedule an appointment with our Patient Assistance Specialist. Please provide income documentation for all income sources prior to or at the time of your appointment.
5. To be responsible for notifying the HHC of any changes in insurance, income status, address and phone number.
6. To be responsible for your co-pay or a minimum payment of \$20.00 at the time services are rendered. This will be collected on the date of service.
7. To notify the HHC of cancellation of your appointment at least 24 hours prior to your appointment time. After 3 no shows or late cancellations we reserve the right to dismiss you from our clinic.
8. To notify the HHC if you will be late for your appointment. If you are going to be at least 15 minutes late, you may be rescheduled.
9. To be responsible for your medications. Medication refill requests require 48-72 hours notification. Please plan accordingly so that you don't run out of medication(s).
10. Transportation services must be scheduled 24 hours prior to the date the service is needed.
11. If you need copies of your medical records, allow up to 10 days to fill your request. A fee may apply.
12. The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities. You are responsible for providing information about past illnesses, medications, and other matters related to your health status. To participate effectively in decision making, you must take responsibility for requesting additional information or clarification about your health status or treatment when you do not fully understand information and instructions.
13. To provide the HHC a copy of your written advance directive if you have one.
14. For informing your physicians and other caregivers if you anticipate problems in following prescribed treatment.
15. To be responsible for your child(ren)'s behavior while in the waiting room or exam room.
16. To treat other patients and the HHC staff with respect. Swearing, threatening, or aggressive behavior could result in immediate discharge from this clinic.
17. No pets allowed in the clinic except for service animals.



HEALTH CARE ADVANCE DIRECTIVES

A health care advance directive is the primary legal tool for any health care decisions made when you cannot speak for yourself. "Health Care Advance Directive" is the general term for any written statement you make while competent concerning your future health care wishes. Formal advance directives include the living will and the health care power of attorney.

- A living will (or "medical directive" or "declaration" or "directive to physicians") is simply a written instruction spelling out any treatments you want or don't want. If you are unable to speak for yourself and terminally ill or permanently unconscious. A living will says in effect, "Whoever is deciding, please follow these instructions. On its own, a living will is very limited- it usually applies only to end-of-life decisions and standard instructions tend to be general. Unless you have a good crystal ball, it is impossible to anticipate every future medical scenario.
- A health care power of attorney (or health care "proxy," or "medical power of attorney") is a document that appoints someone of your choosing to be your authorized "agent" (or "attorney-in-fact" or "proxy"). You can give your agent as much or as little authority as you wish to make health care decisions. The decisions are not limited to just end-of-life decisions. Appointing an agent provides someone with authority to weigh all the medical facts and circumstances and interpret your wishes accordingly. A health care power of attorney is broader and more flexible than the living will.
- A comprehensive Health Care Advance Directive combines the living will and the health care power of attorney into one document. In addition, you may include any other directions, including organ donation or where and how you prefer to be cared for because it is more comprehensive and more flexible than the other tools, it is the preferred legal tool.

How do you select a health-care agent?

The choice of agent is the most important part of this process. Your agent will have great power if you become incapacitated. There is normally no formal oversight of your agent's decisions. Therefore, follow these guidelines.

- Speak to the person beforehand and explain your intentions. Confirm his/her willingness to act and understand your wishes. That means talking honestly and openly about death and dying.
- Know who can and cannot be a health care agent in Hawaii. Each state has different rules. Most prohibit your doctor and other health care providers from being your agent, unless they are related to you.
- Seriously consider naming successor agents.
- Avoid naming co-agents. It adds potential for disagreement and logistical complications. If you really want co-agents, have a plan for what happens when there is a split decision among them.
- If you trust no one to be your agent, don't name one. Instead, use only the living will or limit the authority of your agent, by giving the agent authority over some but not all treatment decisions or by requiring concurrence between your agent and physician.

Can you change or terminate your advance directive?

Yes. You can change or revoke your advance directive while you have the capacity to do so and no one can make a health care decision over your objection. You can revoke your directive orally or in writing by just about any means, although it is preferable to do it by writing your agent, physician and anyone else who has a copy of your directive.

If you want to change your advance directive, it is best to execute a new one, since an amendment will require the same signature formalities of a new document anyway.

It is a good idea to have an attorney assist you with completing the documents. Attorneys are in the best position to assist you in drafting clear and comprehensive advanced directives. Contact your attorney or the Legal Aid Society of Hawaii, 305 Wailuku Drive, Hilo, Hawaii 96720, Phone #: 961-2851.