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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

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

UHA is required by law to maintain the privacy of protected health information and to provide you with this Notice and abide by its terms.

What Health Information Is Protected?

Protected Health Information is information that we have created or received regarding your health or payment for your health. 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 may only be released with your specific authorization.

What Are UHA's Responsibilities To You About Your Protected Health Information?

Your 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 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.

How Do We Use Health Information About You?

UHA is permitted to use and disclose your health information in order to do our business. Information may also be shared with other health care businesses that give you care or that help us service your health plan benefits. This Notice describes some of the ways UHA uses and discloses information without authorization (special permission) from you.

HOW UHA USES YOUR HEALTH INFORMATION

Treatment Purposes

Treatment Facilitation

UHA uses your health information to decide which medical treatment(s) may be covered by your health plan.

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.

Health Care Operations Purposes

UHA and businesses we work with receive and give out health information for the following 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 provider 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.

- *Business Operations*

Example A: UHA may use and disclose your 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, 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. 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 limit the information we share to the minimum necessary and to make sure that these entities protect the health information we do share.

Example B: UHA may disclose aggregated health information to your plan sponsor to explain the premium pricing. This information will not personally identify you.

Other Uses of Health Information

- When required or authorized by federal, state or local law. For example, releasing information in response to a court order, government investigation, or to a coroner.

- For reasons of public health or safety. For example, notifying authorities about communicable diseases or to avoid serious threat to your health or safety or that of others.

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.

If you sign an authorization you may revoke it in writing at any time, although a revocation may not affect persons who have already acted in reliance on 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 Member Services at 532.4000 from Oahu or 1.800.458.4600 (toll-free) from the Neighbor Islands, or by writing to:

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

Your Rights Regarding Your Protected Health Information

UHA wants you to know your rights regarding your health information and your dependent's health information.

You have the right to the following:

- Request restrictions by asking that we limit the way we use or disclose your 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. 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.
- To 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, 700 Bishop Street, Suite 300, Honolulu, HI 96813. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. UHA will not retaliate 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 to be faxed you or mailed you by UHA at any time.