



**NOTICE OF PRIVACY PRACTICES FOR  
ALOHACARE ADVANTAGE (HMO)/ALOHACARE ADVANTAGE PLUS (HMO)**  
*Effective April 14, 2003 Revised August 1, 2010*

**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 please contact:  
AlohaCare Privacy Officer  
Oahu 973-6395  
Neighbor Islands (toll free): 1-866-973-6395  
TTY/TDD: 1-877-447-5990

AlohaCare Advantage/AlohaCare Advantage Plus is required by law to maintain the privacy of your protected health information. This notice tells you about our legal duties and privacy practices. The Health Insurance Portability and Accountability Act (HIPAA) requires us to give you this information. This notice explains how AlohaCare Advantage/AlohaCare Advantage Plus uses your protected health information and who we may share it with. "Protected health information" or PHI is information about you that may identify who you are, such as name, address, phone number and birth date. It is also information about your past, present or future physical or mental health conditions and health care services you are getting.

We follow the privacy practices in this Notice. We have the right to change the information in this Notice and to make new privacy practices effective for all protected health information that we maintain. A revised notice will be posted on our web site at [www.alohacarehawaii.org](http://www.alohacarehawaii.org) or mailed to you as required under HIPAA.

### **How We May Use and Share Your Protected Health Information**

We use and share PHI for many reasons. The law lets us use and share some PHI without your permission. Here are some examples of when we may use/share your PHI:

**Treatment:** We may use and share your PHI with doctors and other providers who are treating you. For example, AlohaCare Advantage/AlohaCare Advantage Plus may share your information with your doctor or hospital.

1357 Kapiolani Blvd., Suite 1250, Honolulu, Hawaii 96814  
Oahu: 973-6395; Neighbor Islands: 1-866-973-6395; TTY/TDD: 1-877-447-5990  
Hours of Operation: Monday through Friday, 8:00 am to 5:00 pm  
[www.AlohaCareHawaii.org](http://www.AlohaCareHawaii.org)



**Payment:** We may use and share your PHI to pay health care providers who provide services to you. For example, AlohaCare Advantage/AlohaCare Advantage Plus may use and share your information to pay your doctor for an office visit or a lab test.

**Health Care Operations:** We may use and share your PHI when needed to operate our health plan. For example, we may use your information to review the quality of services you got. We may also share your PHI with our accountant or attorney during an audit.

Your PHI may also be used or shared for:

**Information Purposes:** We may send you helpful information such as tips on how to stay healthy.

**Appointment Reminders:** We may send appointment reminders and other similar materials to you, unless you ask us not to.

**Public Health Activities:** We may share information with agencies for public health activities. These activities may include disease control and prevention, or problems with medical products or drugs. There are laws that tell us to report victims of abuse, neglect or domestic violence.

**Health Oversight Activities:** We may use or share information with a health oversight agency for activities allowed by law. These may include audits, investigations, inspections, licensure, disciplinary actions, criminal proceedings, or other activities.

**Judicial and Administrative Hearings:** We may share information in judicial or administrative actions.

**Law Enforcement Purposes:** We may share information for law enforcement purposes as required by law.

**Coroners, Medical Examiners, and Funeral Directors:** We may share information with authorized persons to carry out their jobs as required by law.

**Organ Donation and Disease Registries:** We may share information with authorized organizations involved with organ donation and transplantation. We may also share information with communicable disease registries and cancer registries.

**Research Purposes:** We may share information with someone authorized to do research projects.

**To Avert a Serious Threat to Health, Safety or Emergency Situation:** We may share information to protect the health and safety of a person or the public.

**Specialized Government Functions:** We may share information for national security or intelligence, and to protect the President or others as required by law.

**Workers Compensation:** We may share information with workers' compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

For other uses of your PHI, we may be required to get your written permission. You may cancel your permission by notifying us in writing.

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## Your Rights Regarding Your Health Information and Privacy

You have the following rights regarding your protected health information:

**To request restrictions on uses/disclosures:** You have the right to ask us to limit how we use or share your PHI. AlohaCare Advantage/AlohaCare Advantage Plus will consider your request. We are not legally bound to agree to your request. We will tell you our decision in writing.

**To receive confidential communications:** You have the right to ask us to send you information at another address or give you information in another way. We must agree to your request if it is reasonable for us to do so. For example, mailing to a different address or calling you at a different phone number.

**To inspect and copy your PHI:** You have a right to see your protected health information unless someone has documented that it would be harmful to you. You must ask us in writing to see your information. If we deny your request, we will give you written reasons and explain any right to have the denial reviewed. You may be charged for copies. You have a right to choose what parts of your information you want copied. We will tell you what the copying cost is before your records are copied.

**To request changes to your PHI:** If you think there is a mistake or missing information in your PHI we have for you, you may ask us, in writing, to correct or add information. We will respond within 60 days of getting your request. We may deny the request if we determine that the PHI is: (1) correct and complete, (2) not created by us and/or not part of our records, or (3) not allowed to be disclosed. If we deny your request, we will give you written reasons and explain any right to have the denial reviewed.

**To find out what disclosures have been made:** You have a right to ask for an accounting of your PHI disclosures made by AlohaCare Advantage/AlohaCare Advantage Plus except for disclosures for treatment, payment or health care operations, and for certain other specific disclosure types that are excluded under HIPAA. The accounting will not include any information used or shared before April 14, 2003. You must ask for this accounting in writing. We will respond within 60 days of receiving your written request. We will give you one accounting within each calendar year for free. You will be charged for additional requests within each calendar year.

**To receive a paper copy of this Notice:** If you ask for a paper copy of this Notice, we will give you one even if you agreed in the past to receive this Notice electronically.

## Our Obligations to Protect the Privacy of Your PHI

AlohaCare takes all necessary steps to protect your PHI. We follow the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If there is a breach of PHI stored in an unsecured format, AlohaCare has a duty to notify you within 60 days and provide certain information regarding the breach.

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## How to Complain About Our Privacy Practices

If you believe your privacy rights have been violated, you may file a written complaint to:

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| AlohaCare Privacy Officer<br>1357 Kapiolani Blvd., Suite 1250<br>Honolulu, Hawaii 96814<br>Oahu: 973-1650<br>Oahu/Neighbor Islands: (toll-free) 1-800-434-1002<br>TTY/TDD: 1-877-447-5990 | OR | Office of Civil Rights, DHHS<br>90 7 <sup>th</sup> Street, Suite 4-100<br>San Francisco, CA 94103<br>(415)437-8310;(415)437-831(TDD)<br><a href="http://www.hhs.gov/ocr">http://www.hhs.gov/ocr</a> |
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No action will be taken against you for filing a complaint.

## Who to Ask for Further Information, to Submit a Request, or to Submit a Complaint

If you have questions about this Notice or any complaints about how we keep your information private, contact:

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