



KOKUA CARE
Notice of Privacy Practices for Client Confidential Information

The law requires Kokua Care to notify you of your privacy rights. **This notice describes how medical and other confidential information about you may be used and disclosed and how you can see this information. Please review it carefully.**

You may be applying for, or participating, in programs that provide benefits or services. As part of that process, you may need to provide confidential information such as contact, financial, and health information. We also may receive confidential information about you from other sources that we need in order to serve you or provide payment.

We see only the minimum amount of confidential information we need to do our jobs. We may share information with other programs or persons if allowed by law or permitted by you. For example, confidential information about your health may be given to and used by healthcare and other providers who take care of you. We may share past, current, or future information.

We only share information about you that's needed by others to do their job. You may ask for a list of places where we have sent your health information. We keep and share information to coordinate treatment, payment and agency operations. We may share information to determine if medical treatment is appropriate, to pay for services from health care providers, to determine your eligibility for services or benefits and to evaluate the quality of care you receive from providers.

You may see information we have about you. If you have records in more than one part of Kokua Care you need to tell us what records you want to see. If you ask, you will receive a copy. Kokua Care may charge for copies of your records. If you think the health information in your record is wrong, you may send a written request that we amend or add new information. You may also ask that we send the amendments to others who have received copies of your records.

You may be asked to sign an authorization form allowing your information to be shared if Kokua Care needs to send information to other places or if you want us to send information to another agency or provider. You may want information sent to another person such as your attorney, a relative or other representative.

Your permission to share your information is effective until the date you put on the Authorization form. We can only share the information you list. You may withdraw or change this permission in writing.

There are times when confidential information may be shared without your permission. By law, we are, at times, required or allowed to share confidential information about you, even if you do not give us permission. Some of these situations are: reporting incidents of child or adult abuse or neglect to the police or other appropriate agencies, providing records when ordered to do so by a court, giving information to other agencies who review Kokua Care operations, sharing information with government agencies that license and inspect medical facilities such as nursing homes and hospitals, sharing information needed by service providers or other agencies to determine if you are eligible for services or benefits, giving certain information to parents or guardians of minors, and, using information for research purposes.

You may ask us to limit the use and sharing of your health information, but we do not have to agree. You may also ask that we send this information to you in a different format or to a different location.

This notice is yours to keep. If you received this notice electronically, you may ask for a paper copy and we will provide one for you. We reserve the right to change practices in this notice. If the law changes, we will send you a new notice about those changes.

If you have any questions about this notice, please do not hesitate to ask a Kokua Care representative. If you need further assistance, you may call Kokua Care at (808)396-9555. If you believe your privacy rights have been violated you can file a complaint with Kokua Care, Koko Marina #G220, 7192 Kalaniana'ole Hwy. Honolulu, HI 96825. If you file a complaint, Kokua Care will not stop your services or benefits and may not retaliate against you. Or contact the Secretary, Department of Health and Human Services (DHHS), 2000 Independence Avenue, Washington, D.C 20201. Any complaints made to DHHS must be made within 180 days of the privacy violation.