Understanding your health record

A record or a note is made each time you visit a Child and Family Service (CFS) program and receive services. The services provided, interventions, service plan, and a plan for future services and care are recorded. This information is most often referred to as your “participant record or case file,” and serves as a basis for planning services, care and treatment. It also serves as a means of communication among any and all other health care providers or workers who may contribute to your care and the services you are provided. Understanding what information is retained in your participant record and how that information may be used will help you to ensure its accuracy, and enable you to relate to who, what, when, where, and why others may be allowed access to your participant record. This effort is being made to assist you in making informed decisions about authorizing the disclosure of your health information to others.

Understanding your health information rights

Your participant record is the physical property of the health service facility that compiled it, but the content is about you and therefore belongs to you. You have the right to request restrictions on certain uses and disclosures of your information, and to request amendments be made to your participant record. Your rights include being able to review or obtain a paper copy of your participant record, and be given an account of all disclosures. You may also request communications of your health information be made by alternative means or to alternative locations. You also have the right to restrictions or limitations on the use or disclosure of your Protected Health Information (PHI) for treatment, payment, or health care operations. For other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information. To promote continuity and consistency of care and services, our programs have electronic records. This means information created in the course of our providing services to you will reside in the integrated records and may be available to others involved with your services, care, and treatment.

Breach Notification - If there is a breach of unsecured PHI concerning you, we will notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice - Anyone has the right to ask for a paper copy a copy of this notice at any time.

Our responsibilities

CFS is required to maintain privacy of your health information and to provide you with notice of our legal commitment and privacy practices with respect to the information we collect and maintain about you. CFS is required to abide by the terms of this notice and to notify you if we are unable to grant your requested restrictions or reasonable desires to communicate your health information by alternative means or to alternative locations.

CFS reserves the right to change its practices and effect new provisions that enhance the privacy standards of all participant health information. In the event that changes are made, CFS will notify you through postings at program service sites and will post changes on our web site that provides information about our participant services.

Your health information will be used for treatment, payment, and health care operations.

Treatment – Information obtained by your health provider or worker with CFS will be recorded in your participant records and used to determine the course of services that should work best for you. This consists of your provider or worker recording his/her own expectations and those of others involved in providing your care. Your health information may be shared with others involved in your care, such as other workers, volunteers, practicum students, specialists, psychologists, or physicians. An example of such use and disclosure of your information for treatment purposes would be an outreach worker may consult with the health specialist in the same program for recommendations for your service plan. Another example would be a Program Director in one program may consult with a Program Director in another CFS program for the purpose of referring you for additional services in the second CFS program.

Payment – Your health care information will be used in order to receive payment for services rendered by CFS. A request for payment may be sent to a third-party payer with accompanying documentation that identifies you, your care and services provided. An example of such use and disclosure of your information for payment purposes would be the submission of your name, date of birth, and service provided you by CFS. We send this to the State in order to be paid for these services. CFS could also provide your PHI to business associates, such as billing companies that process health care claims for CFS.

Health Care Operations – The staff of CFS will use your health information to facilitate the efficient and correct outcome of your case compared to others like it. Your information may be reviewed for risk management or quality improvement purposes where we would evaluate the quality of health care services that you received or to evaluate the performance of the staff that provided you with these services. CFS may also provide your PHI to their attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable laws.

Understanding CFS Policy for Specific Disclosures

Business Associates – Some or all of your health information may be subject to disclosure through contracts for services to assist CFS in providing health care. To protect your health information, we require these Business Associates to follow the same standards held by CFS through terms detailed in a written agreement.

Notification – Your health records may be used, as appropriate, to notify or assist family members, personal representatives, or other persons responsible for your care of your whereabouts or to enhance your well-being.

Appointment Reminders – CFS may contact you through the mail, telephone, email or at an address or telephone number you provide to remind you of upcoming service related appointments.

Health Related Benefits and Services – CFS may contact you for purposes of describing or recommending service alternatives or providing information about health-related benefits or services that may be of interest to you.

Communications with Family – Using best judgment, a family member, or close personal friend, identified by you, may be given information relevant to your care.

Marketing – CFS reserves the right to contact you with information about other health-related services that may be appropriate to you with written authorization.

Fund Raising – CFS reserves the right to contact you as part of general fund-raising efforts. Please notify us if you do not wish to be contacted during fund raising campaigns.
Research – Our information will be disclosed to researchers upon the Clinical Risk Management Committee approval, and upon the assurance that all protocols will be followed to ensure the privacy of your health information.

Food and Drug Administration (FDA) – CFS is required by law to disclose health information to the FDA related to any adverse effects of food, supplements, products, and product defects for surveillance to enable product recalls, repairs, or replacements.

Worker's Compensation – CFS will release information to the extent authorized by law in matters of worker's compensation.

Public Health – CFS is required by law to disclose health information to public health and/or legal authorities charged with tracking reports of birth and morbidity. CFS is further required by law to report communicable disease, injury, or disability.

Correctional Facilities – CFS will release health information on incarcerated individuals to correctional agents or institutions for the necessary welfare of the individual or for the health and safety of other individuals. The rights outlined in the Notice of Privacy Practices will not be extended to incarcerated individuals.

Law Enforcement – (1) Your health information will be disclosed for law enforcement purposes as required under state law or in response to a valid subpoena. (2) Provisions of federal law permit the disclosure of your health information to appropriate health oversight agencies, public health authorities, or attorneys in the event that a staff member or business associate of CFS believes in good faith that there has been unlawful conduct or violations of professional or clinical standards that may endanger one or more participants, workers, or the general public.

Required by Law – Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Child Abuse and Neglect – We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Deceased Participants – We may disclose PHI regarding deceased participants as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased participants may be limited to an executor or administrator of a deceased person’s estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies – We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm.

Specialized Government Functions – We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Other than for reasons described in this notice, Child and Family Service agrees not to use or disclose your health information without your authorization.

For further explanation of this notice you may contact the Privacy Officer by phone at (808) 681-3500, by e-mail at privacyofficer@cfs-hawaii.org, or by mail at Child & Family Service, 91-1841 Fort Weaver Road, Ewa Beach, Hawaii, 96706.

To Receive Additional Information or Report a Problem
If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer by e-mail at privacyofficer@cfs-hawaii.org, or by mail at Child & Family Service, 91-1841 Fort Weaver Road, Ewa Beach, Hawaii, 96706.

Acknowledgement of receipt of Notice of Privacy Practices:

Participant name: ____________________________
(Please print)

Participant signature: ____________________________

Witnessed by: ____________________________
(CFS program staff’s name)

Date
(CFS program staff’s title)

Acknowledgement of receipt of Notice of Privacy Practices by Parent, legal guardian of Minor (Required for participants under the age of 13):

Participant name: ____________________________
(Please print)

Parent/Legal Guardian name: ____________________________
(Please print)

Signature: ____________________________
(Parent/Legal Guardian)

Witnessed by: ____________________________
(CFS program staff’s name)

Date
(CFS program staff’s title)

Participant (Parent/Legal Guardian) Comments: ____________________________

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free 866-632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."