



**City and County of Honolulu
Honolulu Emergency Services Department
Emergency Medical Services Division**

Notice of Privacy Practices

**IMPORTANT:
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.**

The City and County of Honolulu, Honolulu, Emergency Services Department, Emergency Medical Services Division ("HESD") is required by the Health Insurance Portability and Accountability Act ("HIPAA"), as amended, to maintain the privacy of your protected health information ("PHI"). HESD are also required by law to provide you with the attached detailed Notice of Privacy Practices ("Notice") explaining HESD's legal duties and privacy practices with respect to your PHI.

**Uses and Disclosures for Treatment,
Payment or Healthcare Operations**

HESD may use or disclose your PHI without your authorization for the following purposes:

Treatment

HESD can use your PHI for treatment provided to you by HESD and other medical personnel (including doctors and nurses who give orders to allow HESD to provide treatment to you). HESD may also share your PHI with other individuals involved in your care. For example, HESD may share PHI via radio or telephone to the hospital or dispatch center as well as provide the hospital with a copy of the record HESD creates in the course of providing you with treatment and transport. HESD may also share your PHI with other healthcare providers for their treatment activities.

Payment

HESD may use and disclose your PHI for any activities that HESD must undertake in order to get reimbursed for the services that HESD provides to you. This includes such things as organizing your PHI, submitting bills to insurance companies (either directly or through a third-party billing company) managing billed claims

for services rendered, performing medical necessity determinations and reviews, performing utilization reviews, and collecting outstanding accounts. HESD may also disclose PHI to another healthcare provider or entity for the payment activities of the provider or entity that receives the PHI (such as your hospital).

Healthcare Operations

HESD may use or disclose your PHI for things such as quality assurance activities, licensing, and training programs to ensure that HESD personnel meet standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities. HESD may also disclose your PHI to another healthcare provider (such as the hospital to which you are transported) for the healthcare operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship.

***Reminders for Scheduled Transports and
Information on Other Services***

HESD may also contact you to provide you with a reminder of any scheduled appointments for non-emergency ambulance and medical transportation, or for other information about alternative services that HESD provides or other health-related benefits and services that may be of interest to you.

SUD Treatment Information.

HESD may receive or maintain substance use disorder ("SUD") treatment records that originate from certain programs or activities related to substance abuse education, prevention, training, treatment, rehabilitation, or research that are protected under 42 C.F.R. Part 2 ("Part 2 Program"). If HESD receives or maintains your records from a Part 2 Program pursuant to a general consent that you provided to the Part 2 Program authorizing use and disclosure of your Part 2 Program

records for purposes of treatment, payment, or health care operations, HESD may use and disclose those records for treatment, payment, and health care operations as otherwise described in this Notice, subject to the same rights, restrictions, and protections. If, however, HESD receives or maintains your Part 2 Program records pursuant to a specific written consent that you provided to us or to another third party, HESD will use and disclose those records only to the extent expressly permitted by that consent. Any SUD record protected health information that was disclosed may be subject to redisclosure. HESD will not use or disclose your Part 2 Program records, or testify or provide evidence describing the information contained in those records, in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state, or local authority against you, unless such use or disclosure is expressly authorized by your written consent or by a court order issued after notice to you.

**Other Uses and Disclosure of Your PHI
That HESD Can Make Without
Authorization**

HESD is also permitted to use or disclose your PHI without your written authorization the following situations:

- ◆ For healthcare fraud and abuse detection or for activities related to compliance with the law;
- ◆ To a family member, other relative, or close personal friend or other individual involved in your care
- ◆ For health oversight activities including audits or other actions undertaken by the government (or their contractors) by law to oversee the healthcare system;
- ◆ For judicial and administrative proceedings, as required by a court or administrative order; or in some cases in response to a subpoena or other legal process;
- ◆ For law enforcement activities in limited situations, such as when there is a warrant for the request, or when

the information is needed to locate a suspect or to stop a crime;

- ◆ To avert a serious threat to the health and safety of a person or the public at large;
- ◆ For workers' compensation purposes, and in compliance with workers' compensation laws;
- ◆ To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- ◆ If you are an organ donor, we may release health information to organizations that handle organ procurement or organ and as necessary to facilitate organ donation and transplantation.

Uses and Disclosures of Your PHI That Require Your Written Authorization

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization. You may revoke this authorization at any time by contacting HESD. Specifically, HESD must obtain your written authorization before using or disclosing your: (a) psychotherapy notes, other than for the purpose of carrying out HESD's treatment, payment or health care operations purposes, (b) PHI for marketing when HESD receives payment to make a marketing communication; or (c) PHI when engaging in a sale of your PHI.

Your Rights Regarding Your PHI

As a patient, you have a number of rights with respect to your PHI, including:

Right to access, copy or inspect your PHI

You have the right to inspect and obtain a paper or electronic copy of most of the PHI that HESD collects and maintains about you. You also have the right to request that HESD transmit your PHI to a third party. Requests for access to your PHI or to transmit your PHI to a third party should be made in writing to HESD's HIPAA Compliance Officer, and by filling out an access request form.

Right to request an amendment of your PHI

You have the right to ask HESD to amend PHI that it maintains about you. Requests for amendments to your PHI should be made in writing and you should contact HESD's HIPAA Compliance Officer if you wish to make a request for amendment.

Right to request an accounting of certain disclosures of your PHI

You may request an accounting of certain disclosures of your PHI. HESD will provide an accounting of those disclosures that HESD is required to account for under HIPAA. If you wish to request an accounting of disclosures of your PHI that are subject to the accounting requirement, you should contact HESD's HIPAA Compliance Officer and make a request in writing.

Right to request restrictions on uses and disclosures of your PHI

You have the right to request that HESD restricts how it uses and discloses your PHI for treatment, payment or healthcare operations purposes, or to restrict the information that is provided to family, friends and other individuals involved in your healthcare. However, HESD is only required to abide by a requested restriction under limited circumstances, and it is generally HESD's policy that it will not agree to any restrictions unless required by law to do so. If you wish to request a restriction on the use or disclosure of your PHI, you should contact HESD's HIPAA Compliance Officer and make a request in writing.

Right to notice of a breach of unsecured PHI

If HESD discovers that there has been a breach of your unsecured PHI, HESD will notify you about that breach by first-class mail dispatched to the most recent address that it has on file. If you prefer to be notified about breaches by electronic mail, please contact HESD's HIPAA Compliance Officer, to make HESD aware of this preference and to provide a valid email address to send the electronic notice.

Right to request confidential communication

You have the right to request that HESD sends your PHI to an alternate location (e.g., somewhere other than your home address) or in a specific manner (e.g., by email rather than regular mail). If you wish to request that HESD communicates PHI to a specific location or in a specific format, you should contact HESD's HIPAA Compliance Officer and make a request in writing.

Internet, Email and the Right to Obtain Copy of Paper Notice

If HESD maintains a website, HESD will prominently post a copy of this Notice on the website and make the Notice available electronically through the website. If you allow HESD, HESD will provide the Notice of Privacy Practices to you electronically instead of on paper. You may always request a paper copy of the Notice.

Revisions to the Notice

HESD is required to abide by the terms of the version of this Notice currently in effect. However, HESD reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI that HESD maintains. Any material changes to the Notice will be promptly posted in HESD's facilities and on HESD's website, if it maintains one. You can get a copy of the latest version of this Notice by contacting HESD's HIPAA Compliance Officer.

Your Legal Rights and Complaints

You also have the right to complain to HESD, or to the Secretary of the United States Department of Health and Human Services, if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with HESD or to the government. If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

HESD HIPAA Compliance Officer
3375 Koapaka Street, Suite H450
Honolulu, Hawaii 96819
(808) 723-7800/Fax (808) 833-3934
emsHIPAAcomplianceofficer@honolulu.gov

Effective Date of the Notice:

July 1, 2022/Revised February 1, 2026