

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED
AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION

PLEASE READ THIS CAREULLY

YWCA OF Hawaii Island Sexual Assault Support Services Program (SASS) is committed to protecting your health information. This notice describes how health information about you may be used or disclosed, and how you can get access to this information. It explains your rights to privacy of your health information as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws.

This notice became effective April 14, 2003

UNDERSTANDING YOUR HEALTH RECORD INFORMATION:

Each time you enter therapy at the Sexual Assault Support Services Program, a record is made. This record contains information you provide about your health, past and current family information, social, economic, educational and other information. It also contains assessments, case formulations and diagnostic impressions and treatment plan(s) as relative to your mental health. This record serves as a:

- A plan on how to best serve you;
- A way of watching progress of your goals;
- A way for the many professionals who service you and/or your family to work together for smooth service delivery;
- Legal documentation describing the service you received;
- A tool which we use to improve services we provide and the outcomes we achieve with you;
- A source of information for public health officials charged with improving the health of the nation.

UNDERSTANDING WHAT IS IN YOUR RECORD AND HOW YOUR INFORMATION IS USED HELPS YOU TO:

- Make sure it is correct;
- Better understand who, what, when, where and why others may access your Sexual Assault Support Services information; and
- Make better decisions about sharing your information with others.

YOUR INFORMATION RIGHTS:

Although your health record is the physical property of Sexual Assault Support Services, the information belongs to you. You have the right to:

- Set limits on the uses of your information or who can look at your information;
- Ask and receive a paper copy of this notice;

- Ask to look over and copy your record;
- Ask in writing, to change your record stating the reason for the change, or to add information. However, original documents may not be erased;
- Ask for a listing of allowed sharing of your information, except for routine purposes of treatment, payment, operations and disclosures required by law;
- Ask that your information be shared with you in a different way or at a different place; and,
- Change your mind about the allowing use or sharing of your information except to the extent that action has already been taken.

Sexual Assault Support Services Program responsibilities are to:

- Maintain the privacy of your information;
- Provide you with this information in your native language if English is not your first language;
- Provide you with a notice as to our legal duties and privacy practices related to information we collect and maintain about you;
- Follow the terms of this notice;
- Tell you if we are unable to agree to your requested written restrictions as to the use or disclosure of your health information; and,
- Allow reasonable requests you make to share information by different means or different places.

The Sexual Assault Support Services Program has the right to change our practices and to make new rules for all the protected information we keep. Should our rules change, we will mail a new and current notice to the address you've given us. Thus it is your responsibility to assure that we have your updated contact information.

We will not use or disclose your health information without your written permission except as described in this notice.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS:

The Sexual Assault Support Services Program will keep your information private, except where mandated by law. Examples of this, is reporting to Child Welfare Services and/or Adult Protective Services, etc. The Sexual Assault Support Services Program does not share your information outside of providing overall coordination of services for you and/or your family. One way of doing this is linking with the available and appropriate services and resources in your community, and this requires the sharing of relevant information about you or your family in order to provide smooth and continuous services. Only the minimum information necessary to continue services will be shared.

We will share and/or use health information and services information:

- Required for moving from Sexual Assault Support Services site/agency to another.
- For regular service operations, such as looking at the quality of services provided to you and your family and how services could be improved.
- Other (as described) _____

Other Uses or Disclosures:

Business Associate: The YWCA of Hawaii Island Sexual Assault Support Services Program provides specialized sexual abuse treatment to you and/or your family. Based on your needs and/or the needs of your family, referrals may be provided to you. In working with other agencies, we may disclose health information so that they can perform the job we've asked them to do. So that your health information is protected; however, the Sexual Assault Support Services requires the business associate to appropriately safeguard your information.

Notification: We may use or disclose information about your location and general condition to notify or assist in notifying a family member, personal representative, or another person responsible for your care.

Communication with Family: Sexual Assault Support Services staff, using their best judgment, may disclose to an emergency contact (as listed), family member, other relative, close personal friend or any other person you identify, information relevant to that person's involvement in your care.

Research: We may disclose health information to researchers upon review and approval from the Institutional Review Board with established protocols to ensure the privacy of your information.

Public Health: As required by law, we may disclose your health information to public health authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a court and/or valid subpoena.

For more information or to Report a Problem:

There are no repercussions for asking for additional information or filing a complaint.

If you have questions and would like additional information you may contact Human Resources of the YWCA of Hawaii Island at (808) 961-3877, ext. 110.

If you believe that your privacy rights have been violated, you can file a complaint with the Privacy Officer, Department of Health at (808) 586-3465.

You may also file a complaint with:

Secretary of Health and Human Services

200 Independent Avenue, SW

Washington, DC 20201

Telephone: (877) 696-6775

SEXUAL ASSAULT SUPPORT SERVICES

NOTICE OF DISCLOSURE

I, _____, have read this Notice of Privacy Practices. I understand that this Notice of Privacy Practices applies to myself only as long as I receive services. I have received a copy of the Notice of Privacy Practices.

Signature of Client/Parent

Date

Signature of Youth/Participant

Date

Signature of Therapist

Date

