Patient Handbook



Hoʻōla Lāhui Hawaiʻi

Kauaʻi Community Health Center

Patient Responsibilities

Patient responsibilities include the following, as well as any other responsibilities set forth in the Patient Rights and Responsibilities Handbook, or as imposed by any applicable law or regulation.

1. Treat all other people (patients, family members, vendors, staff members) at HLH/KCHC with courtesy, dignity and respect always.
2. For you, family members, friends and caregivers, be clean and sober, and not under the influence of alcohol or drugs.
3. Respect the rights and property of HLH/KCHC, its staff, vendors and other patients, and always follow the rules and regulations of HLH/KCHC.
4. Take an active part in developing the treatment plan for your care and cooperate with the treatment you and your provider have agreed upon.
5. Report any changes in your condition or symptoms to HLH/KCHC.
6. Notify any member of the healthcare team if you do not understand information about your care and treatment, or about any information you are provided or any papers you are requested to complete.
7. Follow up and be on time for scheduled appointments and cancel appointments before the scheduled appointment according to HLH/KCHC policies. This includes any specialty, labs, diagnostics or referral appointments made for you.
8. Provide accurate and complete information about all matters pertaining to your health, including an accurate medical history including past illnesses, medications, allergies, hospitalizations, family and social histories.
9. Provide accurate information for registration, billing, payment, informed consent and promptly notify HLH/KCHC of any changes in address, phone number, insurance coverage and/or contact information.
10. Promptly pay any financial obligations to HLH/KCHC or make a satisfactory form of payment arrangement with HLH/KCHC.
11. Keep your personal belongings in a safe place and do not bring valuables to KCHC. Lost or stolen personal items are not the responsibility of HLH/KCHC.
12. Promptly inform a member of your health team or the clinic supervisor of any concerns you may have regarding your care.

Patient Rights

Patient rights include the rights described below and any other rights that may be described in the Patient Rights Handbook or otherwise provided by law:

1. Receive care regardless of race, religion, national origin, disability, gender, sexual orientation, age or source of payment for care.
2. Be seen in a private and secure area during treatment within the capacity of Hoʻōla Lāhui Hawaiʻi (HLH)/Kauaʻi Community Health Center (KCHC).
3. Know the name and specialty of the physician or other person responsible for your care or for coordinating your care.
4. The patient has the right to be referred to other services available upon request.
5. Be actively involved in the decisions regarding your care.
6. Refuse treatment to the extent permitted by law and be informed of the potential consequences of that refusal.
7. Refuse to participate in educational, research or experimental treatment.
8. Be informed of your condition and the treatment(s) recommended, including information about the potential benefits, risks and alternative treatments regarding any surgery or other intrusive treatment.
9. Refuse to sign consent forms until you understand what you are signing.
10. Designate a family or representative of your choice to make informed decisions about your care, if you choose.
11. Formulate advance directives and have them followed.
12. Protection of the confidentiality of your medical records and communications, to the extent provided by law.
13. Inspect your medical records and ask for a copy of your medical records within the limits of the law (copying fees may be applicable).
14. Obtain explanations of monies owed to KCHC or receive an itemized bill reflecting your costs.
15. Express concerns or grievances regarding your care or treatment.

NOTICE OF PRIVACY PRACTICES

HOʻŌLA LĀHUI HAWAIʻI

P.O. Box 3990; Līhuʻe, Hawaiʻi Phone: 808.240.0100 Fax: 808-246-9551

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED BY HOʻŌLA LĀHUI HAWAIʻI AND HOW TO ACCESS THIS INFORMATION

Effective Date of This Notice: March 2026

PLEASE REVIEW THIS NOTICE CAREFULLY

If you have any questions about this notice, please contact our Privacy Officer, who may be reached at 4491 Rice Street, #106; Lihue, HI 96766; 808-240-0105 (tel) and privacy@hoolalahui.org (e-mail).

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that health information about you and your healthcare is personal. We are committed to protecting health information about you. We will create a record of the care and services you receive from us. This Notice applies to all the health information we generate or receive about you, whether we documented the health information, or another provider forwarded it to us. This Notice will tell you the ways in which we may use or disclose health information about you. This Notice also describes your rights to the health information we keep about you and describes certain obligations we have regarding the use and disclosure of your health information.

Our pledge regarding your health information is backed up by Federal law. The privacy and security provisions of the Health Insurance Portability and Accountability Act (“HIPAA”) require us to keep private health information that identifies you in accordance with applicable law; to notify you of our legal duties and privacy practices with respect to health information about you; and to follow our Notice of Privacy Practices currently in effect. We will make reasonable efforts to limit the use and disclosure of your protected health information to the minimum necessary to accomplish the intended purpose, except where otherwise permitted or required by law.

We are required by law to notify you following a breach of your unsecured protected health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use or disclose health information about you. Unless otherwise noted, each of these uses and disclosures may be made without your permission. For each category of use or disclosure, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, unless we ask for separate authorization, all the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use health information about you to provide you with healthcare treatment and services. We may disclose health information about you to doctors, nurses, technicians, health students, volunteers or other personnel who are involved in taking care of you. For example, a doctor treating you at another facility may need to know if you have diabetes or other conditions. We may provide that information to a doctor treating you at another facility.

For Payment: We may use and disclose health information about you so that the services you receive from us may be billed to and payment collected from you, an insurance company, a state Medicaid agency or another third party. For example, we may need to give your health insurer or Medicare or QUEST information about your office visit so we can be paid for our care or receive prior approval for your care, to assist in payment for your treatment.

For Healthcare Operations: We may use and disclose health information about you for our healthcare operations, as appropriate to run our practice and make sure that our patients receive quality care. For example, we may use health information to review our treatment and services, for quality and utilization purposes, to obtain legal advice and or evaluate the performance of our staff in caring for you.

Appointment Reminders: We may use and disclose health information to contact you as reminders that you have or need an appointment, such as contacting you by phone, or letter or email based on the contact information you provide us. Please let us know in writing if you do not want us to contact you about appointments, or if you want an alternative phone number used.

Research. We may want to use and disclose health information about you for research purposes, for example, comparing the effectiveness of one medication over another. If any research project uses your health information, we will either obtain an authorization directly from you or ask an Institutional Review or Privacy Board to waive the authorization requirement, based on assurances that the researchers will adequately protect your health information. We may use or disclose de-identified health information or a limited data set for research purposes in accordance with applicable law.

As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law, such as in compliance with a court order requiring us to do so.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, such as if you threaten violence to a family member, we may report to the police to protect the family member, in accordance with law.

Specialized Government Functions. If you are a member of the armed forces or are separated or discharged from military services, we may release health information about you as required by military command authorities or Veterans Affairs. We may release information for national security, intelligence activities, foreign military authority requirements, and protective services for the President and others to the extent authorized by law.

Workers' Compensation. We may release health information for workers' compensation or other programs for work-related injuries or illness, if you have a work-related injury.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Public Health Activities. We may disclose health information about you for public health activities. For example, these activities include preventing or control disease; reporting births, deaths, child or vulnerable adult abuse or neglect, domestic violence or other violent injuries, reactions to medications or product injuries or recalls; and for organ donation.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to an order issued by a court or administrative tribunal; or pursuant to a legally authorized request, such as a subpoena, discovery request, or other lawful process, so long as the person requesting the information has complied with HIPAA requirements to notify you and provide you a reasonable time for objections, or made reasonable efforts to obtain an order protecting the information requested.

Law Enforcement Purposes. We may release health information if asked to do so by a law enforcement official. For example, this may occur in response to a court order, subpoena, warrant, summons or similar process. Such releases of information will be made only after efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested, unless otherwise provided by law.

Coroners, Health Examiners and Funeral Directors. We may release health information to a coroner or health examiner, for example, if necessary to identify a deceased person or determine the cause of death, or to funeral directors as necessary to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official, such as for the institution to provide you with healthcare, or protect your health and safety or the health and safety of others.

Marketing. Hoʻōla Lāhui Hawaiʻi will not use or disclose your protected health information for marketing purposes without your written authorization, except for communications permitted by law, such as treatment-related communications or refill reminders, where no financial remuneration is received. We will not sell your protected health information without your written authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have certain rights to inspect and copy health information that may be used to make decisions about your care

(such as health and billing records), to the extent provided by law.

You have the right to inspect and obtain a copy of your health information in paper or electronic form. We will provide access within 30 days of your request (with a one-time 30-day extension if necessary). You have the right to receive your information in the form and format you request, if readily producible, and to direct us to transmit a copy to a designated third party.

This does not include psychotherapy notes or other records covered by a separate legal privilege or other legal protection. To inspect and copy health information, your request must be in writing on a form provided by or agreeable to us and submitted to our Privacy Officer.

We may charge a reasonable, cost-based fee limited to labor, supplies, and postage, as permitted by law.

For any electronic health records, we maintain about you, you may request that we provide the information in paper format or electronic format. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may, in certain instances, request that the denial be reviewed. If we grant a review, we will choose a licensed healthcare professional to review your request and our denial. This reviewer will not be the person who denied your initial request. We will comply with the review outcome, in accordance with applicable law.

You may request that your health information be shared with a personal health application or third-party service of your choosing, in accordance with applicable law.

Right to Amend. If you believe health information we keep about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing on a form provided by us and submitted to our Privacy Officer. We may deny your request for an amendment if the information was not created by us, or if the person who created the information is no longer available to make the amendment, or if it is not part of the health information kept by or for our practice; or if it is not part of the information which you would be permitted to inspect and copy; or if our information is accurate and complete in our professional judgment. Any amendment we make to your health information will be disclosed to those who need to know of the amendment, to the extent required by law.

Right to an Accounting of Disclosures. You have the right to request an account (a list) of any disclosures of your health information we have made, except for uses and disclosures for treatment, payment,

and health care operations. For any electronic health records, we maintain about you, you may also request an accounting of uses and disclosures for treatment, payment and health care operations subject to certain exceptions, restrictions and limitations. To request this list of disclosures, your request must be written on a form that we will provide you and must be submitted to our Privacy Officer. Your request must state a time that may not be longer than six years before the date of your request, and in the event you seek electronic information, this period may be shorter in accordance with applicable law. The first accounting of disclosures you request within a 12-month period will be free; we may charge you for the costs of providing additional accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you an accounting of disclosures in paper form within 30 days of your request or notify you if we are unable to supply the accounting within that time period and by what date we can supply the accounting, not to exceed a total of 60 days from your request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations, or to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. While we may make reasonable requests for restrictions, we are not required to do so, for example, if it is not feasible for us to ensure our compliance with law or we believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request a restriction, you must make your request by writing on a form that we will provide or is agreeable to us and submit the form to our Privacy Officer. In your request, you must tell us what information you want to limit and to whom you want the limits to apply. You also have the right to request a restriction or limitation on the health information we use or disclose to your health plan about the care or services you receive from us, so long as you pay for that care or those services fully, at the time the services are rendered, out of your own pocket; we are required to, and will, comply with such a request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain manner or at a certain location. For example, you can ask if we only contact you at work or by mail to a post office box.

During our intake process, we will ask you how you wish to receive communications about your health care or for any other instructions on notifying you about your health information. We will accommodate all reasonable requests as required by HIPAA's privacy rule. Electronic communications such as email or text messaging may not be secure. By providing your contact information, you acknowledge and accept these risks.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice at any time upon request, even if you have previously agreed to receive an electronic copy of the Notice. You may also obtain a copy of this Notice at our website at www.hoolalahui.org.

MINORS AND PERSONS WITH GUARDIANS

Married minors have all the confidentiality rights outlined in this Notice. Unmarried minors, age 14 years and above, have all the confidentiality rights outlined in this Notice with respect to health care they obtain relating to treatment of venereal disease, pregnancy and family planning services and alcohol and drug abuse counseling. Minors aged 14 years and above who are without the support and control of a parent or guardian, also have all the rights outlined in this Notice with respect to primary care services they obtain. Except as noted above in this section, for unmarried minors and persons with a legal guardian, a parent or legal guardian generally has the right to access the medical record of the minor or ward and make certain decisions regarding the uses and disclosures of that information, in accord with applicable law.

SUBSTANCE USE DISORDER CONFIDENTIALITY

Certain health information related to substance use disorder diagnosis, treatment, or referral for treatment is protected by federal law (42 CFR Part 2), which provides additional privacy protections beyond the HIPAA Privacy Rule.

We may not use or disclose your substance use disorder information without your written consent, except as permitted or required by law.

You may provide a single written consent for the use and disclosure of your substance use disorder information for treatment, payment, and health care operations. This consent may apply to all future uses and disclosures for these purposes unless you revoke it in writing.

Once your substance use disorder information is disclosed with your

consent, it may be redisclosed by the recipient in accordance with HIPAA, unless otherwise restricted by law.

However, substance use disorder information may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order, as required by law.

Federal law prohibits the use of your substance use disorder information to investigate or prosecute you for a substance use disorder, except as expressly permitted by law.

We are required to notify you in the event of a breach of your unsecured protected health information, including substance use disorder information.

You have the right to revoke your consent for the use and disclosure of your substance use disorder information at any time, in writing, except to the extent that action has already been taken in reliance on your consent.

Uses and disclosures of substance use disorder information are subject to additional restrictions under 42 CFR Part 2 and may require your written consent unless otherwise permitted by law.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the changed Notice effective for health information we already have about you as well as any information we receive in the future. If we make an important change to our privacy practices, we will promptly change this Notice, and the new Notice will be posted at the facility and on our website. The current version of this Notice will always be available on our website and at our facility.

COMPLAINTS

If you have a complaint about your privacy rights or our privacy and security practices or breach notification procedures, you may file a complaint with us (contact our Privacy Officer at the address above) or with the Secretary of the Department of Health and Human Services (contact the Office of Civil Rights at the Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington
D.C. 20201. You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us with authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. However, you should understand that we are unable to take back any disclosures we have already made, and that we are required to retain the records of the care that we provided to you.

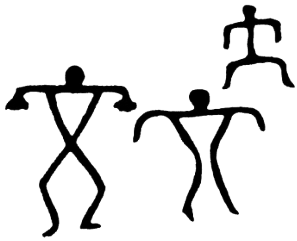
Communication Procedure

Hoʻōla Lāhui Hawaiʻi / Kauaʻi Community Health Center believes in your right to comment or give feedback about the services you have received or about the way services are provided. We welcome your input regarding any matter of concern you might have.

Procedure:

1. Any organization, patient, vendor or visitor may request a copy of the Communication Report Form from any HLH employee.
2. Fill out the Communication Report Form and give it to any HLH employee or contractor.
   - If the patient needs assistance, an employee or contractor may assist them in completing the form.
   - The Communication Report form is to be legibly printed in ink or typed.
   - Appropriate boxes are to be filled in.
   - The anonymity box should be checked, if applicable.
3. Once a Communication Report form has been given to any HLH employee or contractor, the employee or contractor will send it to their immediate supervisor, who will submit it to the office of the CEO.
4. The CEO will assign a reviewer.
5. The reviewer will investigate the communication report. This will usually involve all the parties involved to the extent they are available and contacting them is appropriate.
6. The reviewer will create a summary of the investigation and recommendations.
7. As appropriate, and if requested by the affected party, the reviewer will inform that party of the findings and recommendations to the extent it is appropriate to do so. The reviewer will also ascertain the affected party's response to the recommendations. This will also be recorded on the CR form. **THE AFFECTED PARTY WILL NOT BE NOTIFIED OF SPECIFICS OF ANY CORRECTIVE ACTIONS OR RECOMMENDATIONS THAT PERTAIN TO PERSONNEL OR OTHER PROTECTED OR CONFIDENTIAL MATTERS.**
8. The report will be submitted to the office of the CEO. The CEO will forward the summary and recommendations to the appropriate committee or department for follow-up, if appropriate.

Make Good Health a Priority in Your Life
Call (808) 240-0100



Waimea Clinic
4643B Waimea Canyon Rd Waimea,
HI 96796
(Located at Kawaiola Medical Building)

Kapaʻa Clinic
4800D Kawaihau Road
Kapaʻa, HI 96746
(Located on the Mahelona campus)

Līhuʻe Offices
4491 Rice Street #106
Līhuʻe, HI 96741
(Haleko Office Complex)

Pharmacy
4491 Rice Street #105A
Līhuʻe, HI 96741
(Haleko Office Complex)