



737 Bishop Street, Suite 1200  
Honolulu, Hawaii 96813

## ***IMPORTANT information regarding your health plan***

### **NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

Revision Date: December 18, 2009

**This notice describes how personal health information (PHI) about you may be used and disclosed, and how you can get access to this information. Please review it carefully.**

#### **Privacy Contact**

If you have any questions about this policy or your rights, please contact HMAA:

Privacy Officer, HMAA  
737 Bishop Street, Suite 1200  
Honolulu, Hawaii 96813  
Phone: (808) 941-4622  
Toll-Free: (888) 941-4622

HMAA is required by law to protect the privacy of your personal health information, to provide you with this notice, and to abide by the statements made in this notice.

#### **Our Commitment Regarding Your Protected Health Information**

HMAA respects member confidentiality and we only request the minimum necessary personal health information about you for treatment, payment, and health care operations, or in accordance with the state and federal law. This notice describes how HMAA uses and discloses your health information, how HMAA protects your health information, and your rights concerning your health information.

#### **How HMAA Uses or Discloses Your Protected Health Information**

HMAA uses and discloses the minimum amount necessary of information concerning you and your health for treatment, payment, and for HMAA's health care operations. This includes the minimum necessary protected health information:

- Received on your enrollment application from you or through the plan sponsor, and from your doctors for underwriting purposes. HMAA is prohibited from using an individual's genetic information for underwriting purposes pursuant to the Genetic Information Nondiscrimination Act.
- Reported on claims received from your doctors.
- To review services or to approve medical treatment requests received from your doctors.
- To the plan sponsor for enrollment, disenrollment, or payment purposes.
- For quality assurance to improve health care or to reduce health care costs.
- To prevent fraud and abuse that drives up the cost of health care for everyone.
- Shared with our business associates such as providers of health care services, reinsurers, software vendors, auditors, management and general administrative services, and brokers or agents. HMAA's business associates are also required to protect your personal health information.
- To respond to a complaint or appeal that you or your doctor may file so that we may promptly investigate and respond to the concerns.
- When required by the federal or state law, such as in a response to a court order.

- For purposes related to public health or safety, to reduce or prevent a serious threat to your health or safety, or the health and safety of another person or the public.

### **Uses and Disclosures that Require Your Authorization**

Your authorization is not required for treatment, payment, or health care operations, including the examples listed in the previous section. HMAA must obtain your advance written authorization before using or disclosing any of your protected health information if for any purpose other than treatment, payment, or health care operations. You may revoke an authorization at any time.

### **Your Additional Rights**

You have the right to:

- **Request restrictions on certain uses or disclosures** of your medical information for treatment, payment, or health care operations. HMAA is not required to agree with your request, but if we do agree with your request, we will honor the request except for medical emergencies. If you wish to request a restriction, it must be in writing to HMAA and must clearly describe the information you wish us to restrict.
- **Inspect and request a copy your health records.** There is a reasonable fee for copying and mailing your records.
- **Request an amendment to your health record** if you believe that something in your record is incorrect or incomplete. Your request must be in writing and HMAA has the right to deny your request. If we do deny your request, you have the right to file a statement that you disagree with us. Your statement will be added to your record.
- **Release your records to others.** If you would like HMAA to release your records to others (such as to your attorney or others who you wish to have knowledge of your care) for any purpose you choose, it must be in writing to HMAA. You may revoke your request at any time, but only to the extent where no action has been taken based on your prior written request.
- **Ask us to communicate with you in a different way or through a different address if all or part of the information could endanger you.** HMAA will honor your request as long as it is reasonable. HMAA has the right to ask how payment will be made.
- **File a complaint if you feel your privacy rights have been violated.** You may file a complaint with the HMAA Privacy Officer, or you may file a complaint with the Secretary of the United States Department of Health and Human Services. Federal law prevents any retaliation to filed complaints.
- **Request an Accounting for Disclosures** that HMAA has made after April 14, 2003 related to your personal health information, except for information used or incidental to treatment, payment, or healthcare operations, or that we shared with you or your family, or information that you gave us specific consent to release, or information we are required by the federal or state law to release. Your request must be in writing and must cover a disclosure made within the prior six years.
- **Request a paper copy of this notice** if you view this privacy notice on our website.

**HMAA reserves the right to change its Privacy Policy** based on operational needs or as required by federal or state law. If we materially change any of our privacy practices described in this Notice we will post the revised Notice to our Website and will mail the revised Notice to each plan sponsor to distribute to participants of the plan within 60 days of the revision. HMAA will also send plan sponsors a copy of its current Privacy Notice at each contract renewal.

### **Safeguarding Your Protected Health Information**

Our employees are trained in privacy practices and are required to sign a confidentiality agreement prohibiting them from improperly disclosing personal information. And, our document storage system includes safeguards that limit access on a need-to-know basis while protecting the integrity of your personal information. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to protect your protected health information.