
‘Ohana Health Plan

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED (SHARED) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective 1/1/2026

QUEST (Medicaid) Plan:

For help to translate or understand this, please call us toll-free at **1-888-846-4262** (TTY: **711**). We are here Monday through Friday from 7:45 a.m. to 4:30 p.m. Hawaii Standard Time.

如需翻譯或理解此內容方面的協助，請撥打我們的免費電話：**1-888-846-4262** (TTY: **711**)。我們的服務時間為週一至週五上午 7:45 至下午 4:30 (Hawaii 標準時間)。

Para iti tulong iti pannakaipatarus wenna tapno maawatam daytoy, pangngaasim ta tumawagka kadakami iti libre a numero a **1-888-846-4262** (TTY: **711**). Addakami ditoy iti Lunes aggingga iti Biernes, 7:45 a.m. agingga iti 4:30 p.m. Hawai'i Standard Time.

본 고지문을 번역하거나 이해하는 데 도움이 필요하시면 수신자 부담 **1-888-846-4262** (TTY: **711**)번으로 연락해 주십시오. 월요일~금요일, 오전 7시 45분~오후 4시 30분(하와이 표준시) 사이에 이용하실 수 있습니다.

Para sa tulong na isalin-wika o maunawaan ito, pakitawagan kami nang walang bayad sa **1-888-846-4262** (TTY: **711**). Nandito kami mula Lunes hanggang Biyernes, 7:45 a.m. hanggang 4:30 p.m. Hawaii Standard Time.

Để yêu cầu trợ giúp dịch thuật hoặc để hiểu tài liệu này, vui lòng gọi cho chúng tôi theo số điện thoại miễn cước **1-888-846-4262** (TTY: **711**). Chúng tôi làm việc từ Thứ Hai đến Thứ Sáu, từ 7:45 sáng đến 4:30 chiều, Giờ Chuẩn Hawaii.

Community Care Services (CCS) Plan:

For help to translate or understand this, please call us toll-free at **1-866-401-7540** (TTY: **711**). We are here 24 hours a day, 7 days a week.

如需翻譯或理解此內容方面的協助，請撥打我們的免費電話：**1-866-401-7540** (TTY: **711**)。我們的服務時間為每週 7 天、每天 24 小時。

Para iti tulong iti pannakaipatarus wenna tapno maawatam daytoy, pangngaasim ta tumawagka kadakami iti libre a numero a **1-866-401-7540** (TTY: **711**). Addakami ditoy iti 24 nga oras iti maysa nga aldaw, 7 nga aldaw iti maysa a lawas.

본 고지문을 번역하거나 이해하는 데 도움이 필요하시면 수신자 부담 **1-866-401-7540** (TTY: **711**)번으로 연락해 주십시오. 연중무휴 24시간 이용하실 수 있습니다.

Para sa tulong na isalin-wika o maunawaan ito, pakitawagan kami nang walang bayad sa **1-866-401-7540** (TTY: **711**). Nandito kami 24 na oras sa isang araw, 7 araw sa isang linggo.

Để yêu cầu trợ giúp dịch thuật hoặc để hiểu tài liệu này, vui lòng gọi cho chúng tôi theo số điện thoại miễn cước **1-866-401-7540** (TTY: **711**). Chúng tôi làm việc 24 giờ một ngày, 7 ngày một tuần.

Covered Entity's (Health Plan's) Duties:

'Ohana Health Plan is a Covered Entity (health plan) as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). 'Ohana Health Plan is required by law to:

- Keep your protected health information (PHI) private.
- Give you this Notice of our legal duties and privacy practices related to your PHI.
- Keep to the terms of the Notice that are now in effect.
- Let you know about any *breach* of your health records. (This means if your PHI is not safe and someone else gets it.)

This Notice tells how we may use and share your PHI. It also talks about your rights to see it, change it, and manage your PHI, as well as how to apply those rights. All other uses and sharing of your PHI *not* talked about in this Notice can only be made with your written consent.

'Ohana Health Plan reserves the right to:

- Change this Notice.
- Make these Notice changes active for your PHI that we already have, and for any of your future PHI.
- Quickly change and share this Notice when there is a change to any of the things below:
 - The uses or *disclosures* (sharing) of your PHI.
 - Your rights.
 - Our legal duties.
 - Other privacy practices stated in the Notice.

We will show any Notice changes on our website or through a separate mailing.

Internal Protections of Oral, Written, Electronic (Email, Portal, Other) PHI:

'Ohana Health Plan protects your PHI. We also keep your race, ethnicity, and language (REL), plus sexual orientation and gender identity (SOGI) private and secure.

These are some of the ways we protect your PHI:

- We train our staff to keep your PHI private and secure.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We *only* talk about your PHI for business reasons, with people who need to know.
- We keep your PHI secure when we send it (like, via email) or store it electronically.
- We use technology to keep the wrong people from getting your PHI.

Permissible (Allowed) Uses and Disclosures (Sharing) of Your PHI:

The following is a list of how we may use or share your PHI *without* your permission or consent to do so:

- **Treatment** — We may use or share your PHI:
 - With a doctor or other healthcare provider who gives you treatment.
 - To help arrange your treatment among providers.

- To help us make prior benefit decisions for other members of our health plan.

- **Payment** — We may use and share your PHI:

- To make benefit payments for the healthcare services that you get from us.
- With another health plan, to a healthcare provider, or other group subject to the federal Privacy Rules for their payment purposes.

“Payment“ may include:

- Processing claims.
- Deciding on whether you can get coverage for claims.
- Reviewing medical services that may be or are needed for your care.

- **Healthcare Operations** — We may use and share your PHI to perform our healthcare services.

These may include:

- Providing customer service.
- Responding to complaints and appeals.
- Managing health coordination and care.

In our healthcare operations, we may share PHI with people we work with and with whom we do business. We will have written agreements to protect the privacy of your PHI with these associates. We may share your PHI with another group that is subject to the federal Privacy Rules. This group must also have a relationship with you for its healthcare operations. This includes the following:

- Quality review and improvement.
- Review of healthcare professionals’ abilities or qualifications.
- Managing health coordination and care.
- Finding or preventing healthcare fraud and abuse.

Your race, ethnicity, language, sexual orientation, and gender identity are protected by the health plan’s systems and laws. *This means information you provide is private and secure.* We can only share this information with healthcare providers. It will *not* be shared with others without your permission or consent. We use this information to help improve the quality of your care and services.

This information helps us to:

- Better know your healthcare needs.
- Know your chosen language when you see a doctor.
- Make sure you have the right information for your care.
- Offer programs to help you be healthy.

This information is not used for underwriting purposes or to make decisions about whether you are able to get coverage or services.

- **Group Health Plan/Plan Sponsor Disclosures** — We may share your PHI with a sponsor of the group health plan, such as an employer or other group that is giving you a healthcare program. That is, if the sponsor has agreed to certain limits on how it will use or share PHI (like agreeing not to use your PHI for job-related actions or decisions).

Other Permitted (Allowed) or Required Disclosures (Sharing) of Your PHI:

- **Fundraising Activities** — We may use or share your PHI for fundraising activities (like raising money for a charity or other group). If we do contact you about fundraising, we will give you the chance to “opt-out” (stop) from getting future communications from us about this.
- **Underwriting Purposes** — We may use or share your PHI for underwriting purposes. This concerns deciding about a type of coverage or request. If we do use or share your PHI for underwriting purposes, we are not allowed to use or share your PHI that is *genetic* information (anything related to genes or genetic testing) in the underwriting process.
- **Visit Reminders/Treatment Options** — We may use and share your PHI to remind you of a doctor visit, treatment, or other medical care with us. We can tell you about other treatments offered (like help with how to stop smoking or lose weight).
- **As Required by Law** — If federal, state, and/or local law requires a use or sharing of your PHI, we may do so with them.
 - We will only use it to the extent that the use or sharing of it obeys such law and is limited to the needs of such law.
 - If two or more laws or regulations governing the same use or sharing of your PHI conflict with each other, we will choose the more restrictive (limited) law or regulation.
- **Public Health Activities** — We may share your PHI (including substance use disorder (SUD) records) with:
 - A public health authority. This is to prevent or control disease, injury, or disability.
 - The Food and Drug Administration (FDA). This is to ensure product quality and safety. This also ensures that these products or services under the FDA are effective.
- **Victims of Abuse and Neglect** — We may share your PHI with a local, state, or federal government authority. If we believe that abuse, neglect, or domestic violence has taken place, we will give these reports to social services or a protective services agency, as authorized by law.
- **Judicial and Administrative Proceedings** — We may share your PHI:
 - In response to an administrative or court order.
 - In response to a *subpoena* (summons), discovery request, or other like requests.
- **Law Enforcement** — We may share your PHI with police, if a crime has been committed, as asked and required by law.
- **Substance Use Disorder Records (SUD)** — We will not use or share your SUD records in legal proceedings against you unless:
 - We get your written consent; or
 - We get a court order, you’ve been made aware of the request, and have been given a chance to be heard. (The court order *must* include a *subpoena* (summons) or similar legal document that needs a response.)
- **Coroners, Medical Examiners and Funeral Directors** — We may share your PHI with:
 - A *coroner* or *medical examiner* (authorities who handle dead persons). This could include if your PHI is needed to find a cause of death.
 - A funeral director, as needed, so they can carry out their duties.
- **Organ, Eye and Tissue Donation** — We may share your PHI with Certified organ groups and persons within those groups, who work to find organs, eyes, and tissue for *banking* (storing). Their purpose is for scientific research or transplant.

- **Threats to Health and Safety** — We may use or share your PHI if we believe, in good faith, that this use or sharing of PHI is needed to prevent or lessen a serious health issue and/or protect a person or the public against a safety threat.
- **Specialized Government Functions** — If you are a member of U.S. Armed Forces, we may share your PHI as needed by military command in charge. We may also share your PHI with authorized federal officials for:
 - National security concerns.
 - Intelligence activities.
 - The Department of State for medical fitness.
 - The protection of the President.
 - Other authorized persons, as may be required by law.
- **Workers' Compensation** — We may share your PHI to comply with laws relating to workers' compensation or other similar programs. Set by law, these give benefits for work-related injuries or illness, without regard to fault.
- **Emergency Situations** — We may share your PHI in an emergency. If you are unable to function, or are not present, your PHI could be shared with:
 - A family member or close friend.
 - An authorized disaster relief agency.
 - Any other person previously named by you.

We will use professional judgment and experience to decide if this sharing of your PHI is in your best interest. If it is in your best interest, we will *only* share the PHI that is key to the person's role in your care.

- **Inmates** — If you are an inmate of a jail or prison, or in-custody (held) by law enforcement, we may release your PHI to the law enforcement location or official. This is in the case where such information is needed for them to provide you with:
 - Healthcare.
 - Protection of your (or others') health or safety.
 - The safety and security of the jail, prison, or other law enforcement location.
- **Research** — Under certain instances, we may share your PHI with researchers when their clinical research study has been approved and where your private PHI is protected with certain safeguards in place.

Uses and Disclosures (Sharing) of Your PHI that Require Your Written Authorization (Consent):

We are required to get your written consent to use or share your PHI. Note that there are *limited exceptions*, for the reasons below:

- **Sale of PHI** — We will ask for your written consent before we share any information that is deemed a *sale* of your PHI. A “sale” means that we are getting *compensation* (money or other payment) for sharing your PHI in this manner.
- **Marketing** — We will ask for your written consent to use or share your PHI for *marketing purposes* (to promote and sell our products). Limited exceptions to this action include:
 - When we tell you about marketing plans face-to-face.
 - When we give promotional gifts of *nominal* (basic) value.

- **Psychotherapy Notes** — We will ask for your written consent to use or share any notes from your psychotherapy sessions that we may have on file. Limited exceptions to this action include: for certain treatment, payment, or healthcare operation functions.

You have the right to *revoke* (take back) your consent in writing at any time, *except* to the extent that we have already used or shared your PHI based on that initial consent.

Your Individual (Personal) Rights

The following are **your rights** about your PHI. **If you would like to use any of the following rights, please contact us. Our contact information is at the end of this Notice.**

- **Right to Request Restrictions** — You have the right to ask for *restrictions* (limits) on the use and sharing of your PHI for:
 - Treatment, payment, or healthcare operations
 - People involved in your care or payment of your care, like family or close friends.

Your request should state the restrictions you are asking for and state to whom these limits apply. We are not required to agree to this request. If we agree, we will comply with your limits request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or sharing of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out-of-pocket, in full.

- **Right to Ask for Confidential (Private) Communications** — You have the right to ask that we talk with you about your PHI in a different way or at a different place. This right *only* applies if:
 - The *way* we talk to you about your PHI could put you in *danger*.
 - The *way* we talk to you about your PHI *has not been changed* when you asked us to change it.
 - The *place* we talk to you about your PHI *has not been changed* to the different place you wanted, when you asked us to change it.

You do *not* have to explain the reason for your request. But you must state that the information could put you in danger if the way of talking to you or the place is not changed to your choices. We must accept your request 1) if it is reasonable and 2) it makes clear the different way/place where your PHI should be presented and why.

- **Right to Access (See) and Get a Copy of your PHI** — You have the right, with limited exceptions, to look at or get copies of your PHI records set. You may ask that we provide copies in a format other than photocopies. We will use the format you ask for — *unless* we cannot easily do so.
 - **You must ask in writing to get access to your PHI.** If we deny your request, we will give you a written explanation with the reasons why and it can be reviewed. We will also tell you how to ask for such a review or if the denial cannot be reviewed.
- **Right to Amend (Change) Your PHI** — You have the right to ask that we change your PHI if you believe it contains wrong information. Your request *must* be in writing, and it must explain why the information should be changed. We may deny your request for certain reasons. For example, if we did not create the content you want changed and the creator of the PHI can perform the change. If we deny your request, we will explain why in writing. You may respond with a statement that you disagree with our finding. If so, we will attach your statement to the PHI that you asked us to change.

If we accept your request to change the content, we will make reasonable efforts to inform others of any changes. This includes people you name. This also includes the changes in any future sharing of that content.

- **Right to Get a List of How (and with Whom) PHI was Shared** — You have the right to get a list of times within the last six-year period in which we or our business associates shared your PHI. This does not apply to sharing for purposes of treatment, payment, healthcare operations, or sharing of PHI that you authorized and certain other activities. If you ask for this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these added requests. We will give you more information on our fees at the time of your request.
- **Right to File a Complaint** — If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone. **(Just use the contact information at the end of this Notice.)**

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights. Send your letter to:

**Secretary of the U.S. Dept. of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201**

Phone: **1-800-368-1019** (TTY: **1-800-537-7697**)
Website: **hhs.gov/ocr/privacy/hipaa/complaints/**

**** NOTE: We will not take any action against you for filing a complaint. ****

- **Right to Get a Copy of this Notice** — You may ask for a copy of our Notice at any time. Use the contact information listed at the end of the Notice. If you see this Notice on our web site or get it by electronic mail (email), you also have the right to ask for a paper copy of the Notice.

Contact Information

Questions? If you have any questions about this Notice, our privacy practices related to your PHI, or your rights, please contact us in writing or by phone:

**‘Ohana Health Plan
Attn: Privacy Official
820 Mililani Street, Suite 200
Honolulu, HI 96813**

QUEST (Medicaid Plan):

Call us toll-free at **1-888-846-4262** (TTY: **711**). We are here Monday through Friday from 7:45 a.m. to 4:30 p.m. Hawaii Standard Time.

Community Care Services (CCS Plan):

Call us toll-free at **1-866-401-7540** (TTY: **711**). We are here 24 hours a day, 7 days a week.