BIG ISLAND SUBSTANCE ABUSE COUNCIL
NOTICE OF PRIVACY PRACTICE
EFFECTIVE APRIL 14, 2003

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

Understanding Your Health Record/Information:
The Big Island Substance Abuse Council (BISAC) must keep information about your treatment confidential. Information regarding your treatment is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, BISAC may not tell anyone that you attend or have ever attended a substance abuse program, nor may BISAC give out any information identifying you as an alcohol or drug abuser, or give out any other treatment information about you without your consent, except as described in this notice or required by law.
Your clinical treatment record contains your symptoms, assessment and test results, diagnoses, treatment, and a plan for future care or treatment. This information serves as a:
* Basis for planning your care and treatment;
* Means of communication among the many health professionals who contribute to your care;
* Legal document describing the care you received;
* Means by which you or a third party payer can verify that services billed were actually provided;
* A tool in educating health care professionals;
* A source of data for research;
* A source of information for public health officials charged with improving the health of the nation;
* A source of data for facility planning; and
* A tool with which BISAC can assess and continually work to improve the care they render and the outcomes they achieve.

Understanding what is in your record and how your health information is used helps you to:
* Ensure its accuracy;
* Better understand who, what, when, where, and why others may access your treatment information.
* Make more informed decisions when you agree to give information to others.

Your Health Information Rights:
BISAC collects information about you and maintains your clinical treatment record. Although your clinical treatment record is the physical property of BISAC, the information belongs to you. You have the right to review your complete clinical treatment record.
You have the right to ask BISAC to:
* Limit the use and/or disclosure of your treatment information. However, BISAC is not required to agree to a requested restriction as provided by 45 CFR 164.522(a);
* Obtain a paper copy of this notice of information practices upon request;
* Inspect and copy your health record as provided for in 45 CFR 164.524;
* Amend your health record as provided in 45 CFR 164.526;
* Obtain an accounting of the disclosure of your treatment information during the six (6) years prior to your request as provided in 45 CFR 164.528;
* Request communications of your health information by alternative means or at alternative locations;
* Revoke your authorization to use or disclose treatment information except to the extent that action has already been taken.
You also have the right to give permission for most uses of your treatment information.

BISAC's Responsibilities:
BISAC pays for substance abuse treatment using State, Federal, and alternative funding sources. BISAC is required to:
* Maintain the privacy of your treatment information by law;
* Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
* Abide by the terms of this notice.
'We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.
Should our information practices change, we will mail a revised notice to you within sixty (60) days upon your request.
Examples of Disclosures for Payment and Health Operations:
BISAC will use your information for payment.

For example: A bill may be sent to a third party payer. The information on or accompanying the bill may include
information that identifies you, as well as your diagnosis and treatment.

BISAC may use your treatment information for day-to-day treatment program operations:
For example: BISAC staff may use information in your treatment record to assess the care and outcomes in your case
and to justify funding from the state and federal government. This information will then be used in an effort to continually
improve the quality and effectiveness of the treatment and service that BISAC provides.

Other Uses and Disclosures Not Requiring Your Permission:
Business Associates: There are some services provided for BISAC through contracts with business associates.
Examples include an auditor who reviews BISAC records for financial accountability.
Research: BISAC may give information to researchers when their research has been approved by an Institutional Review
Board (IRB) that has reviewed a research proposal and established procedures to ensure the privacy of your treatment
information.
Public Health: As required by law, we may disclose your health information to public health or legal authorities preventing
or controlling disease, injury or disability.

Health Oversight: Federal and State law allow for your treatment information to be released in order to investigate fraud
and abuse, for licensing and for program quality.

For More Facility Information or to Report a Problem:
If you have questions and would like additional information, please contact BISAC’s Chief Clinical Officer or the Privacy
Officer at the Corporate Office, 16-179 MELEKAHIWA ST KEAAU, HI 96749-8026, (808) 969-9994.

If you believe your privacy rights (under 45 CFR) have been violated, you can file a written complaint with BISAC’s Privacy
Officer or the United States Department of Health and Human Services – Office of Civil Rights, 200 Independence Avenue,
S.W., Room 509 F, HHH Building, Washington, DC 20201. There will be no retaliation for filing a complaint.

Violation of the Substance Abuse Confidentiality Law, 42 U.S.C. §290dd-2, 42 C.F.R. Part 2 by a program is a crime.
Suspected violations of the Confidentiality Law may be reported to BISAC’s Chief Compliance Officer, Privacy Officer or
with the United States Attorney in the district where the violation occurs. There will be no retaliation for reporting a
violation.

My signature below indicates that I have been provided with a copy of the notice of privacy practices.

__________________________________________
Date:

Signature of client or Legal Representative
If signed by Legal Representative, state relationship to client below:

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