

LINDA LINGLE  
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

## House Committee on Judiciary

### S.B. 1802, Relating to Mental Health

Testimony of Chiyome Leinaala Fukino, M.D.  
Director of Health

March 11, 2008, 2:00 p.m.

1 **Department's Position:** The Department supports this measure but requests that the bill be amended.

2 **Fiscal Implications:** None.

3 **Purpose and Justification:** The purpose of this bill is to amend current law to allow healthcare  
4 providers to share mental health records for the purpose of a patient's continued care or treatment.

5       Currently, Hawaii law (Chapter 334-5, HRS) is more stringent than the federal Health Insurance  
6 Portability and Accountability Act (HIPAA) in terms of what type of information can be shared among  
7 healthcare providers. In some cases, restrictions on the disclosure of mental health records can inhibit  
8 appropriate care of individuals receiving a continuum of mental health services. Currently, a person  
9 receiving mental health services from healthcare providers that are not under the same administrative  
10 control must sign a release allowing the providers to share information about the patient's care. Since  
11 such releases only permit one entity to release information to another entity, two releases are necessary.  
12 Sometimes, a person's psychiatric symptoms interfere with their ability to provide informed consent,  
13 making access to information a challenge. In those instances, information can only be provided during a  
14 crisis.

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1           This bill will allow any two healthcare providers to share the mental health records of a patient,  
2 including information about medication, current condition and relevant history. This bill will enhance  
3 continuity of care from hospital to outpatient services and will promote better coordination by providers.  
4 In addition, this bill will improve safety for both the individual and community.

5           The Department respectfully requests the following amendments and has attached a draft for the  
6 Committee's consideration:

- 7           1) Inclusion of the definitions for "Health care operations" and "Health care provider"
- 8           2) Adjusting the language in Section 2 (5) to add "health care operations".
- 9           3) In Section 2 (6): changing "insurer" to "payor", a broader term which will simplify the  
10            billing process.

11           These amendments will allow Quality Improvement and Utilization Management staff to be more  
12 involved in the coordination of care. It will also simplify the process for hospitals and other providers to  
13 determine whom to bill for services. The appropriate definitions are also included to better clarify and  
14 effectuate the changes to the law.

15           Thank you for the opportunity to testify on this measure.

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SB1802, HD1 – PROPOSED.

RELATING TO HEALTH.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

SECTION 1. Section 334-1, Hawaii Revised Statutes, is amended by adding two new definitions to be appropriately inserted and to read as follows:

"Health care operations" means the services and activities conducted by an institution, facility, or agency licensed, certified, or otherwise authorized or permitted by law to provide medical or health services in the ordinary course of business, including but not limited to case management and care coordination, quality assessment and improvement activities, medical reviews, and administrative activities.

"Health care provider" means an individual or entity licensed, certified, or otherwise authorized or permitted by law to provide medical or health services in the ordinary course of business or practice of a profession."

SECTION 2. Section 334-5, Hawaii Revised Statutes, is amended to read as follows:

**§334-5 Confidentiality of records.** All certificates, applications, records, and reports made for the purposes of this chapter and directly or indirectly

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identifying a person subject hereto shall be kept confidential and shall not be disclosed by any person except so far as:

- (1) [~~as the~~] The person identified, or the person's legal guardian, consents [~~to~~];
- (2) [~~as disclosure~~] Disclosure may be deemed necessary by the director of health or by the administrator of a private psychiatric or special treatment facility to carry out this chapter [~~to~~];
- (3) [~~as a~~] A court may direct upon its determination that disclosure is necessary for the conduct of proceedings before it and that failure to make the disclosure would be contrary to the public interest [~~to~~];
- (4) [~~as disclosure~~] Disclosure may be deemed necessary under the federal Protection and Advocacy for Mentally Ill Individuals Act of 1986, Public Law 99-319, to protect and advocate the rights of persons with mental

illness who reside in facilities providing treatment or care~~[, or]~~;

(5) Disclosure is made by the person's health care provider to another health care provider for the purpose of continued care, treatment of the person, or health care operations; or

(6) [as disclosure is] Disclosures are made [to] between the person's health care [insurer] provider and payor to obtain reimbursement for services rendered to the [person, except for records subject to Title 42 Code of Federal Regulations Part 2, confidentiality of alcohol and drug abuse patient records,] person; provided that disclosure shall be made only if the provider informs the person that a reimbursement claim will be made to the person's [insurer] payor, the person is afforded an opportunity to pay the reimbursement claim directly, and the person does not pay.

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Nothing in this section shall preclude the application of more stringent rules of confidentiality set forth for records covered by Title 42 Code of Federal Regulations Part 2, confidentiality of alcohol and drug abuse patient records.

For the purposes of this section, "facilities" shall include, but not be limited to[7] hospitals, nursing homes, community facilities for mentally ill individuals, boarding homes, and care homes.

Nothing in this section shall preclude disclosure, upon proper inquiry, of any information relating to a particular patient and not clearly adverse to the interests of the patient, to the patient, the patient's family, legal guardian, or relatives, nor, except as provided above, affect the application of any other rule or statute of confidentiality. The use of the information disclosed shall be limited to the purpose for which the information was furnished."

SECTION 3. Statutory material to be repealed is bracketed and stricken. New statutory material is

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underscored.

SECTION 4. This Act shall take effect on January 1,  
2050.

DR. JILL OLIVEIRA  
LICENSED CLINICAL PSYCHOLOGIST  
[REDACTED]  
HONOLULU, HI 96813  
[REDACTED]

TESTIMONY IN **SUPPORT** OF SB1802, Relating to Mental Health Records;  
Confidentiality; Exceptions.

MARCH 11, 2008

Honorable Chair Representative Waters, Vice-chair Oshiro, and House members of the Committee on Judiciary, my name is Dr. Jill Oliveira, I am with the Hawaii Psychological Association's, Legislative Committee, and have been a licensed clinical psychologist working in Hawaii's Community Health Centers and the Native Hawaiian Health Care System since 2001. I have reviewed the DOH proposed amendments and would like to submit testimony in support of S.B. 1802 for the following reasons:

Communication between providers is an essential aspect of continuity of care, and is a basic element of quality mental health service. Without the ability to share information about someone's behavioral health treatment, medication regimen, psychiatric history, or special needs and concerns, health care providers are unable to assure that the most appropriate treatment will be provided.

The best possible treatment for a patient involves a seamless continuum of care, through which providers are able to share necessary and relevant information while respecting the patient's dignity and privacy. *The amendments put forth by DOH state clearly what type of treatment related information may be shared, under what conditions, and that the essence of confidentiality will always be upheld except for circumstances in which the patient's care may be compromised.*

The exception this bill provides is currently allowed by statute for HIV/AIDS information (HRS §325-101) and the language in this bill is similar to that statute. Federal privacy rules already permit the sharing of health information for patient treatment, but Hawaii's laws are much more stringent than the federal laws.

Please accept this testimony in support of S.B. 1802.

Sincerely,

Jill Oliveira, Ph.D.  
Hawaii Licensed Clinical Psychologist

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Hawai'i Primary Care Association  
345 Queen Street, Suite 601 Honolulu, HI 96813  
Tel (808) 536-8442 Fax (808) 524-0347

To: **The House Committee on Judiciary**  
The Hon. Tommy Waters, Chair  
The Hon. Blake K. Oshiro, Vice Chair

**Testimony in Support of Senate Bill 1802**  
**Relating to Mental Health**  
**Submitted by Beth Giesting, CEO**  
**March 11, 2008, 2:00 p.m. agenda, Room 325**

The Hawai'i Primary Care Association strongly supports this measure. While it is quite clear that all medical information needs to be appropriately safe-guarded, excellent health care relies on the ability of primary care, specialty, and in-patient providers to share key diagnostic and treatment information quickly and freely. This is in the best interests of the patient because tragic mistakes in treatment can be made by clinicians who do not have all the relevant facts. Occasionally, this is also necessary for the protection of public interests.

In many cases primary care or specialty physicians should know if their patients have mental health diagnoses or are taking prescription drugs for their conditions. This is important because of potentially dangerous drug interactions and may indicate special compliance considerations.

Finally, it is important to note that primary care providers – and community health centers are a notable example of this – are diagnosing and treating a large proportion of people who need mental health services. Therefore, these primary medical records will also include mental health information, currently restricted, and this may create barriers for sharing clinical information related to non-mental health concerns.

Thank you for the opportunity to support this bill.

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*Opening doors to brighter futures*



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BY FATHER CLAUDE F. DU TEIL

"Our only purpose is to  
be human and to help"  
- Fr. Du Teil

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 Honolulu, HI 96817  
 Phone 808.447.2800  
 Bus Phone 808.845.7150  
 Bus Fax 808.845.7190

**Men's Shelter**  
 350 Sumner Street  
 Honolulu, HI 96817  
 Phone 808.447.2900  
 Fax 808.537.2697  
[www.IHS-hawaii.org](http://www.IHS-hawaii.org)

March 10, 2008

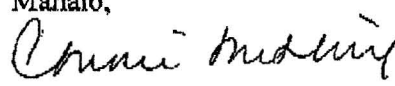
**Via Facsimile Transmission: 586-9456**

The Honorable Tommy Waters  
 Representative, District 51  
 Hawaii State Capitol, Room 302  
 415 South Beretania Street  
 Honolulu, Hawaii 96813

**Subject: In Support of Senate Bill 1802, Relating to Mental Health**

Dear Representative Waters:

IHS, The Institute for Human Services, Inc. strongly supports the passage of this Senate Bill 1802. This is a very important bill for our guests with mental illness. It will help provide safer care and provide the same level of continuity of care information that all other non-behavioral health patients currently are provided. They often suffer because they are unable to provide consents to release information **BECAUSE** of their mental illness.

Mahalo,  
  
 Connie Mitchell  
 Executive Director

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*Member Emeritus*

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Testimony of  
Phyllis Dendle  
Director of Government Affairs

Before the  
House Committee on Judiciary  
The Honorable Tommy Waters, Chair  
The Honorable Blake K. Oshiro, Vice Chair

March 11, 2007  
2:00 pm  
Conference Room 325

**RE: SB 1802 RELATING TO MENTAL HEALTH**

Chair Waters and committee members, thank you for this opportunity to provide testimony on SB 1802 which permits the limited disclosure of mental health medical records for continued care and treatment.

**Kaiser Permanente Hawaii supports this bill.**

In Act 22 Session Laws of Hawaii 2004, the legislature amended section 334-5 to permit health care providers to release limited medical information about a person being treated for mental illness to health care insurers for the purpose of being reimbursed. This has been useful for facilitating part of the transactions necessary for a health care provider to provide appropriate service to these patients however it is only half of the solution. Health care providers have found that Hawaii law does not permit the disclosure of information for the continued care of a person being treated for mental illness unless the patient consents to the discloser. It is not always possible to get this consent regardless of how much it may benefit the patient.

This amendment will permit the release of medical information from one health care provider to another health care provider specifically for the purpose of continued care and treatment. We believe this will greatly improve the care we are able to give these patients.

We urge you to pass this bill and thank you for your consideration.

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**MARY PAT WATERHOUSE**

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March 10, 2008

TO: Committee on Judiciary, Rep. Tommy Waters, Chair; and Rep. Blake K. Oshiro, Vice Chair  
FR: Marya Grambs, Executive Director, Mental Health America of Hawaii  
RE: SB1802, Relating to Mental Health Records; Confidentiality; Exceptions.  
HEARING: Tues March 11, 2 pm, room 325

**TESTIMONY IN STRONG SUPPORT**

This bill provides an exception to the confidentiality of mental health records and allows disclosure if it is made by the person's healthcare provider to another health care provider for the purpose of continued care or treatment.

This bill is needed because providers are currently unable to get information they need in order to provide adequate mental health care to their clients. They are unable to find out, for example, whether clients are or have been seen by another agency within the Department of Health, whether patients have been hospitalized, what medications have been prescribed, etc. Appropriate followup care can be dangerously compromised by this lack of information, and this can cause harm to the individual as well as to the community at large.

We urge you to support this bill.

We have reviewed the DOH proposed amendments and we are supportive of the DOH proposed amendments. Capca

*Mental Health America of Hawai`i (MHA, formerly known as the Mental Health Association) has been in existence for 66 years in Hawai`i, dedicated to promoting mental health, reducing stigma, preventing problems associated with mental illness, and improving the care, treatment and participation of children, adults and elders with mental illnesses.*

**EXECUTIVE DIRECTOR**

MARYA GRAMBS

**PRO BONO LEGAL COUNSEL**

PAUL ALSTON

ALSTON, HUNT, FLOYD & ING

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**HAWAI`I CO. OFFICE**

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**HOUSE COMMITTEE ON JUDICIARY**

Representative Tommy Waters, Chair  
Representative Blake K. Oshiro, Vice Chair

Tuesday, March 11, 2008 – 2:00 p.m.  
State Capitol, Conference Room 325  
*Deliver to: Room 302, 5 copies*

**In Strong Support of SB 1802, Relating to Mental Health**

Chair Waters, Vice Chair Oshiro, and Members of the Committee:

I am testifying in strong support of Senate Bill 1802, which provides an exception to the confidentiality of mental health records and allows disclosure if it is made by the person's healthcare provider to another health care provider for the purpose of continued care or treatment.

Currently, the use and disclosure of mental health information requires the patient's specific consent, except for emergency situations. Senate Bill 1802 adds broader exception language, allowing providers to share mental health information for continuing care and treatment purposes. Communication between providers is an essential aspect of continuity of care and a basic element of quality mental health service. Without the ability to share information about someone's medication regimen, psychiatric history or special needs or concerns, caregivers are unable to assure that the most appropriate treatment will be provided. Unfortunately, due to the nature of mental illness, people suffering from psychiatric disorders may be reluctant to share information. This reluctance may be because of paranoid thoughts or confusion. Their refusal to sign a consent form for release of information can have significant negative effects on their recovery. If a patient refuses to have information about his medical history or allergies communicated, he can receive medications that could cause serious harm.

Clearly, the best possible treatment for a patient involves a seamless continuum of care where providers are able to share necessary and relevant information while respecting the patient's dignity and privacy. The present consent requirement does not serve the best interests of the patient.

The Queen's Medical Center is the largest private, non-profit provider of mental health services in the State of Hawaii. During 2007, QMC had 1400 inpatient admissions and over 20,000 outpatient visits for patients with mental health conditions. We see these services as filling a critical need in the state and part of our mission to take care of the people of Hawaii. We appreciate this committee's support in amending HRS 334-5 through the passage of SB 1802 so as to allow mental health providers to share relevant mental health information for continuity and treatment purposes without specific consent.

Thank you for this opportunity to testify.

Loraine Fleming, Director of Behavioral Health Services  
The Queen's Medical Center

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**HOUSE COMMITTEE ON JUDICIARY**

Representative Tommy Waters, Chair

Representative Blake K. Oshiro, Vice Chair

Tuesday, March 11, 2008 – 2:00 p.m.

State Capitol, Conference Room 325

*Deliver to: Room 302, 5 copies*

**In Strong Support of SB 1802, Relating to Mental Health**

Chair Waters, Vice Chair Oshiro, and Members of the Committee:

I am testifying in strong support of Senate Bill 1802, which provides an exception to the confidentiality of mental health records and allows disclosure if it is made by the person's healthcare provider to another health care provider for the purpose of continued care or treatment.

I have worked in mental health for 27 years. Communication among the continuity of care providers is essential in assisting the person with mental illness to have the best possible recovery. The use and disclosure of mental health information requires the patient's specific consent to release information, except for certain circumstances as specified in the statute and/or rules.

Many patients who have case managers from a contracted service under the Department of Health's Adult Mental Health Division come to The Queen's Medical Center emergency room. In the emergency room, we can obtain patient information from the case managers because "emergency treatment" is exempted from needing a signed consent to disclose information. However, once the patient moves to the inpatient unit, we cannot provide the case manager with information they need for discharge planning and follow-up after hospitalization, unless the patient has signed a consent form to disclose information. Many of the patients are unwilling to sign consent papers due to their paranoia or other symptoms related to their mental illness.

The Queen's Medical Center has several contracts that request a discharge summary be sent to them (e.g. Kaiser) within 7 days of discharge. Without a signed consent, we can not provide the discharge summary. The patient may show up for their follow-up appointment with the outpatient provider but would rarely be able to summarize what medical treatment occurred during hospitalization. Without proper information, the provider does not know what medication adjustments were made, if additional medication or therapies were recommended and thus possibly setting the patient up for additional hospitalizations. Communication to the next provider is essential for this population.

Use and disclosure of HIV/AIDs and mental health information are governed by State law only. Both require the patient's specific consent, except for certain circumstances as specified in the statute and/or rules. A significant difference between the two governing statutes is that the

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sharing of HIV/AIDS information between providers for continuing care is allowed as an exception to the specific consent requirement, while the sharing of mental health information between providers without specific consent is allowed as an exception only for emergency situations. Senate Bill 1802 adds the exception language from the HIV statute into the mental health statute, thus allowing providers to share mental health information for continuing care and treatment purposes.

I strongly urge you to support Senate Bill 1802. Thank you for this opportunity to testify.

Karen Schultz

Vice President of Patient Care/Behavioral Health Services, Surgical Services, & Trauma  
The Queen's Medical Center

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# THE QUEEN'S MEDICAL CENTER

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 538-9011 • Fax: (808) 547-4646

## HOUSE COMMITTEE ON JUDICIARY

Representative Tommy Waters, Chair  
Representative Blake K. Oshiro, Vice Chair

Tuesday, March 11, 2008 – 2:00 p.m.  
State Capitol, Conference Room 325  
*Deliver to: Room 302, 5 copies*

### In Strong Support of SB 1802, Relating to Mental Health

Chair Waters, Vice Chair Oshiro, and Members of the Committee:

My name is Laura Sherrill, and I am the Privacy Officer and Manager of Medical Records at The Queen's Medical Center. I am testifying for The Queen's Medical Center in strong support for Senate Bill 1802, which provides an exception to the confidentiality of mental health records and allows disclosure if it is made by the person's healthcare provider to another health care provider for the purpose of continued care or treatment.

Under federal privacy rules (HIPAA) providers may share a patient's health information for treatment purposes without the patient's consent or authorization. HIPAA, however, defers to more stringent rules regarding the sharing of health information and in the State of Hawaii there are three types of health information with more stringent rules: HIV/AIDS; mental health; and substance abuse.

Substance abuse treatment records are covered under HRS §334-5 as well as federal law, 42 CFR, part 2. This bill defers to the federal law in regards to the confidentiality of substance abuse records.

Use and disclosure of HIV/AIDS and mental health information are governed by state law only. The use and disclosure of HIV/AIDS (§325-101) and mental health information (§334-5) require the patient's specific consent, except for certain circumstances as specified in the statute. A significant difference between the two statutes is the HIV statute includes an exception that allows sharing of HIV/AIDS information provider to provider for the continuing care or treatment of the patient. The mental health statute does not contain this exception. SB 1802 adds the exact same language from the HIV statute to the mental health statute.

We recognize that sharing of any health information without patient consent brings up concerns about privacy and that the decision to allow such sharing is made after balancing the community interest vs. the individual's right to privacy. The federal government weighed this balance in 2003 when it finalized the federal privacy rule, HIPAA, and the decision was that the community interest was best served in allowing the sharing of health information for treatment, payment and health care operations. This decision was revisited in October 2006 by the Supreme Court when they declined to review a Third Circuit Court of Appeals decision against Citizens for Health who had argued that the lack of consent in the privacy rule violated citizens'



rights to privacy in personal health information under the Constitution and the First Amendment. This balance was weighed by the Hawaii State legislature when it amended the HIV statute (§325-101) to provide the exception that allows sharing of HIV/AIDS between providers for the treatment of the patient. We believe that the balance tips even more to community interest when it comes to providing the best possible communication and continuum of care for the mental health population.

The inability of providers in Hawaii to share mental health information without patient consent presents patient safety and community safety issues. I would like to share two examples of the struggles that our providers face in providing a community network of care for Hawaii's mental health population.

A seriously-ill mental health patient is involuntarily committed (the patient refuses to sign admission papers). QMC's ED notifies the Adult Mental Health Division (AMHD) crisis hotline to obtain information about the patient under the emergency exception. The AMHD case manager contacts QMC the next day to obtain information about the patient's admission and discharge plans. QMC cannot release the patient's information to the case manager as the patient has not specifically consented to the release (still won't sign any papers) and the emergency situation does not apply. The patient is eventually released when he no longer presents an immediate threat to self or others, but the discharge had to occur without the case manager's knowledge and assistance in setting up community support and follow-up care due to lack of patient consent.

A patient is discharged from the inpatient psychiatric unit with instructions to follow-up with his/her community provider. The patient is paranoid and so refused to sign any papers at all, therefore QMC is not able to forward discharge information to the primary provider as is the normal procedure with medical patients. The patient visits the provider but does not tell the provider of the inpatient stay. The provider is unaware that the patient was given certain medications at discharge and prescribes other medications that, if taken in conjunction with the discharge medications, could result in adverse drug interaction reactions. Alternatively, maybe the patient never shows up for the follow-up visits and no outreach is made as the community provider is unaware the patient's condition had deteriorated enough to warrant hospitalization. The patient continues to decompensate and eventually ends up back in the hospital, or even worse commits suicide or acts out against the community.

The best possible treatment for a patient occurs when his/her providers are able to provide a seamless continuum of care from acute to outpatient and when providers have complete and timely information about their patients. The consent requirement in the current mental health statute leaves many gaps in the provider community's ability to provide that continuity of care for the mental health population.

The Queen's Medical Center is the largest private, non-profit provider of mental health services in the State of Hawaii. Our mental health services run the continuum of care and include emergency services, acute inpatient, residential child and adolescent hospitalization, day treatment, and outpatient counseling. During 2007, QMC had 1400 inpatient admissions and over 20,000 outpatient visits for patients with mental health conditions. We see these mental health services as filling a critical need in the State and thus part of our mission to take care of the people of Hawaii.

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We respectfully ask that you support the passage of SB 1802; thereby removing a major legal barrier to the provider community's ability to provide an effective community-based mental health system of treatment for Hawaii's population of mental health patients.

Thank you for this opportunity to testify.

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RE: SB1802

I have reviewed and I support the DOH proposed amendments for SB1802.

**The following is my testimony for:**

Hearing: Committee on Judiciary (Rep. Tommy Waters, Chair; Rep. Blake K. Oshiro, Vice Chair)  
Date: Tues March 11  
Time: 2 pm  
Location: room 325

Communication between providers is an essential aspect of continuity of care, and is a basic element of quality mental health service. Without the ability to share information about someone's medication regimen, psychiatric history, or special needs and concerns, caregivers are unable to assure that the most appropriate treatment will be provided. Community safety is also of concern.

- Examples of how patient care is compromised without the ability to share needed information:
  - *A seriously-ill mental health patient is involuntarily committed (the patient refuses to sign admission papers). The hospital emergency department notifies the AMHD crisis hotline to obtain information about the patient under the emergency exception. The AMHD case manager contacts the hospital the next day to obtain information about the patient's admission and discharge plans. The hospital cannot release the patient's information to the case manager, as the patient has not specifically consented to the release (still won't sign any papers) and the emergency situation does not apply now. The patient is eventually released when he or she no longer presents an immediate threat to self or others, but the discharge had to occur without the case manager's knowledge and assistance in setting up community support and follow-up care due to lack of patient consent.*
  - *A patient is discharged from an inpatient psych unit with instructions to follow-up with his/her community provider. The patient is paranoid and so refused to sign any papers at all, therefore the hospital is not able to forward discharge information to the primary provider, as is the normal procedure with medical patients. The patient visits the provider but does not tell the provider of the inpatient stay. The provider is unaware that the patient was given certain medications at discharge and prescribes other medications that, if taken in conjunction with the discharge medications, could result in adverse drug interaction reactions. Alternatively, maybe the patient never shows up for the follow-up visits and no outreach is made as the community provider is unaware the patient's condition had deteriorated enough to warrant hospitalization. The patient continues to decompensate and eventually ends up back in the hospital, or, even worse, commits suicide or acts out against the community.*

The best possible treatment for a patient involves a seamless continuum of care, through which providers are able to share necessary and relevant information while respecting the patient's dignity and privacy.

The exception this bill provides is currently allowed by statute for HIV/AIDS information (HRS §325-101) and the language in this bill is similar to that statute. Federal privacy rules already permit the sharing of health information for patient treatment, but Hawaii's laws are much more stringent than the federal laws.

Pamela Menter  
Project Director  
Safe Haven/Mental Health Kokua  
41 S. Beretania St.  
Honolulu, HI 96813  
Office 808.524.7233

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## JUDtestimony

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**From:** Jeffrey Akaka [REDACTED]  
**Sent:** Monday, March 10, 2008 8:56 PM  
**To:** JUDtestimony  
**Subject:** SB 1802

Dear Representative Waters,

Re: SB1802

Support.

Doctors speaking to other doctors about a patient's care has long been a standard essential for timely care of the patient, no matter what the disease, including psychiatric.

Holding up a patient's care in order to get a form signed before getting crucial information, or making sure you are not missing getting crucial information by talking immediately to their previous doctor, can be deadly. It could cause significant harm due to having inadequate medical information that the patient may be either unwilling or unable to give you--for example, if they are in a coma from a medication or illicit drug overdose.

Please pass this section of the measure.

Aloha and mahalo,  
Jeffrey  
Jeffrey Akaka, MD

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## JUDtestimony

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**From:** Tia Roberts [REDACTED]  
**Sent:** Monday, March 10, 2008 9:25 PM  
**To:** JUDtestimony  
**Subject:** Testimony - SB 1802

**To:** Representative Tommy Waters, Chair  
Committee on Judiciary

**From:** Jon J. Cannella  
MSW student  
University of Hawai`i, Manoa

**Date:** March 10, 2008

**Subject:** Testimony on SB 1802

I strongly support SB 1802.

This bill focuses on providing an exception to the confidentiality of mental health information and to allow the sharing of mental health information between providers for the patient's continuing care and treatment.

I am a graduate student at the University of Hawai`i in the school of social work and have had many classes focusing on the issues of mental health and social justice. Providing individuals with the right to privacy is important to advocate for as social workers, but in the context of mental health, I feel there is an exception that should be made.

If there was a situation where I was a case manager and my client was in the hospital needing mental health assistance, but refused to give consent for treatment, I would expect professionals to be able ask for vital medical information from me without restrictions. The idea that it would be used for their mental health and not for prosecuting purposes would seem not only reasonable, but necessary to help my client's condition to improve before release.

I have reviewed the Department of Health amendments to this bill and I do agree with them.

Your consideration of this request is greatly appreciated. Thank you for the opportunity to submit my testimony.

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**Kenneth A Hirsch, PhD, MD**

[REDACTED]  
**Honolulu, HI 96821**  
[REDACTED]

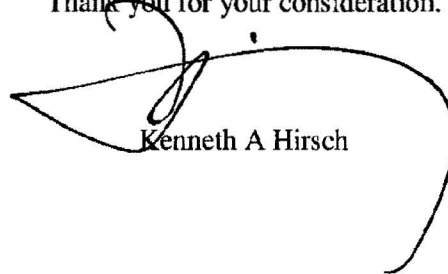
10 March 2008

Representative Tommy Waters  
51st Representative District  
Hawaii State Capitol, Room 302  
415 South Beretania Street  
Honolulu, HI 96813

Dear Representative Waters,

I would like to add my voice to those supporting SB1802, relating to mental health (allowing transfer of information from an existing provider to a new provider). While I am very concerned about confidentiality of medical and other privileged information, the provision of quality care requires medical history. I see no reason to exclude the transfer of mental health information from other medical information which is currently permitted under Hawaii statute. I urge support of this bill.

Thank you for your consideration.

  
Kenneth A Hirsch

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To: Representative Tommy Waters, Chair  
Committee on Judiciary

From: Tia L. Roberts  
MSW student  
University of Hawai'i, Manoa

Date: March 10, 2008

Subject: Testimony on SB 1802

I strongly support SB 1802.

This bill focuses on providing an exception to the confidentiality of mental health information and to allow the sharing of mental health information between providers for the patient's continuing care and treatment.

As a graduate student in the school of social work, my concentration is in mental health. I have the opportunity to work first hand with people with severe and persistent mental illness, both in my practicum placement and in my graduate research assistant position.

When an individual with mental illness refuses to give consent for release of information in a medical facility, their ability to determine a good course of action and even give consent to be evaluated may not always be intact. If this happens, I feel it is critical for the care of the individual to give medical workers the ability to access vital information for their health and well being, not for issues including prosecution.

As a former ACLU program director, I strongly support individual civil rights, although I believe in this situation, information pertinent to the health and well being of someone should be an exception. Unlike other privacy policies, this issue is geared towards providing people with the best possible care when they are mentally unable to give personal information about medications, past mental health crisis, or other relevant medical conditions.

I have reviewed the Department of Health amendments to this bill and I do agree with them.

Your consideration of this request is greatly appreciated. Thank you for the opportunity to submit my testimony.

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