

DELAWARE CENTER FOR MATERNAL FETAL MEDICINE

of CHRISTIANA CARE

(DCMFMCC)

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION (PHI) IS OF THE UTMOST IN IMPORTANCE TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your protected health information (PHI). We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect.

This notice takes effect September 23, 2013 and will remain in effect until further notice by DCMFMCC.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Privacy Practices Notice at any time. For more information about our privacy practices, or for additional copies of this Privacy Practices Notice, please contact us using the information listed at the end of this notice or you can download our Privacy Practices Notice from our website at <http://dcmfm.com/patient-resources/forms>.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Although generally, we will obtain your consent before we use or disclose your health information, we may use and disclose your health information without your authorization for the following purposes:

Treatment: We may use medical information about you to provide you with medical treatment or services, and we may disclose medical information about you for treatment purposes to doctors, nurses, technicians, or other health care providers who are involved in your care.

Payment: We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you and/or an insurance company or third party.

Healthcare Operations: We may use medical information about you to run our practice and support our healthcare operations. For example, we may use your medical information to conduct quality assessment and improvement activities, review the qualifications of health care professionals, obtain insurance, engage in business planning, provide customer service and resolve grievances, and conduct compliance programs. **Research: Although in most cases, we will ask for your written approval before sharing your information for research, we may provide** your medical information to people within Christiana Care who are preparing a research project or trying to get patients involved in research.

Compliance with Law: We may disclose health information when required by law. For example, we may release medical information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections.

Written Authorization: In any situation not covered by this notice or the laws that apply to us, we will ask for your written authorization before using or disclosing medical information about you. Please note that written authorization is required by you the patient before the release of psychotherapy notes, use or disclosure of your health information for the purpose of marketing communications, or sale of PHI or ePHI. We will not use your information without your authorization for fundraising purposes.

If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

To Your Family and Friends: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in notifying (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If possible, prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will use our professional judgment to only disclose the health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing another person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters). These appointment reminder notifications will not include Protected Healthcare Information (PHI) or privacy data.

Special Situations:

- **To help avoid a serious threat to health or safety.** To help avoid a threat to your health and safety or the health and safety of the public or another person. Any information we give out, however, would only be to someone able to help prevent the threat.
- **Military and veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may give out to the Department of Veterans Affairs medical information about you to find out if you can get certain benefits.
- **Workers' compensation.** For workers' compensation or other programs that provides benefits for work-related injuries or illness.
- **Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may give out medical information about you if we get a valid court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the case. This may occur, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Deceased Individuals, Coroners, medical examiners, and funeral directors.** We may provide information to a coroner or medical examiner to identify a person who has died or find out the reason the person died. We may also give out medical information about a patient who has died to funeral directors so they can carry out their duties. We will protect the confidentiality of your medical information for 50 years following your death.
- **National security and intelligence activities.** To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. This includes the protection of the President or foreign heads of state.
- **Prisoners.** If you are a prisoner of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official when necessary for your health and safety or the health and safety of others.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your personal health information (PHI) and medical records by requesting such in writing.

You may request that we provide a paper copy of your medical records information or in an electronic copy in PDF document format. We will use the format you request unless we cannot practicably do so. (If you do not want a paper copy print-out of your medical records information, you can request an electronic version on a CD-ROM by submitting your request in writing to DCMFMCC's Practice Manager). You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice.

DCMFMCC may charge you a reasonable cost-based fee for making paper or electronic copies.

You may contact us using the information listed at the end of this notice for an explanation of our fees.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. Usually, we are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency). We are required to agree, however, if you request that we restrict a disclosure of information to your health plan regarding a specific item or service for which you or someone on your behalf has paid in full out of pocket.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. Your preferred method of external communications with DCMFMCC must be identified on the DCMFMCC PATIENT PRIVACY DATA RELEASE AND CONSENT FORM TO EXTERNALLY COMMUNICATE PHI and signed by you, our patient.

Amendment: You have the right to request that we amend your health information if the information is incorrect or incomplete. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Accounting: You have the right to receive an accounting of disclosures or a list of who outside of the hospital or DCMFM has received information about you. You must request this list in writing, state a time period that may not be longer than six years. The first list you request within a 12-month period shall be provided without cost.

Notification of a Breach: You have the right to receive notice if there is a breach of your unsecured health information.

Electronic Notice: You may obtain this Notice from our web site or by electronic mail (e-mail). If you wish a paper copy of this document, you may write to the address below and one will be mailed to you.

WHO MUST COMPLY WITH THIS NOTICE

Any healthcare professional or employee of the Delaware Center for Maternal and Fetal Medicine of Christiana Care with access to your electronic health record chart and our designated Business Associates.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about your health information you may write to our HIPAA Security & Privacy Officer at the address below.

You also may submit a written complaint to the U.S. Department of Health and Human Services at:
Regional Manager of the Office of Civil Rights, Region III
150 S. Independence Mall W
Public Ledger Building, Suite 372
Philadelphia, PA 19106-9111
(215) 861-4441

Hotline Number: 1-800-368-1019.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

For further information contact:

Delaware Center for Maternal Fetal Medicine

Ms. Elizabeth Williams

Practice Manager / HIPAA Security & Privacy Officer

One Centurian Drive, Suite 312

Newark, DE 19713

302-319-5680