

## NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

Last Revised Date: February 16, 2026

**This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.** Please review it carefully. If you have a question, contact the Privacy Officer at (302) 319-5680 x122

### **Our Promise**

Delaware Center for Maternal and Fetal Medicine of ChristianaCare, Inc. (DCMFM) takes our patients' privacy seriously. We know that your medical information is very personal. We do our best to protect the privacy of your medical information. We will only use and disclose the minimum necessary information for the intended purpose and as required by law.

### **Our Responsibilities**

To serve you, we create and receive personal information about your health. This information is called Protected Health Information (PHI), and it comes from you, your physicians, hospitals, and other healthcare services providers involved in your care. PHI may come from your employer, other insurers, HMOs or third-party administrators (TPAs), as applicable. Your PHI can be in oral, written, or in electronic format. We are required by law to:

- Maintain the privacy and security of your PHI information
- Enter into a Business Associate Agreement with third parties who participate in your treatment, payment, and our health care operations that require the business associate to protect the privacy and security of PHI
- Notify you promptly if we determine inappropriate use or disclosure of your PHI has occurred that compromises the privacy or security of your information
- Use and disclose your information as described in this notice unless you tell us we cannot in writing. If you change your mind at any time, you must tell us in writing
- Follow the duties and privacy practices described in this notice and give you a copy of it

### **Who will follow this notice?**

- All people who work for DCMFM
- Any business associate needing health information so they can provide services for us
- Any doctor or other person caring for you

### **Your Information**

The information we may store includes, but is not limited to:

- Clinical Data: Diagnoses/Conditions, Lab Results, Medications, Other Treatment Information
- Demographic Data: Address/Zip Code, Date of Birth, Driver's License, Name, Social Security Number, Other Identifiers
- Financial Data: Claims Information, Credit Card/Bank Account Number, Other Financial Information, Name, and Driver's License Information

### **Our Uses and Disclosures**

We may use and disclose your information for the following situations, including but not limited to:

- Helping to manage the health care treatment you receive
- Coordinating your care among various health care providers
- Billing for your health services
- Managing our health care operations
- Conducting research
- Complying with the law
- Helping with public health and safety issues
- Responding to organ and tissue donation requests and working with a medical examiner or funeral director
- Addressing workers' compensation, law enforcement, and other government requests
- Responding to lawsuits and legal actions
- Administering your health plan, as applicable for benefits plan members
- Provisioning of services and programs for benefits plan members

### **Your Choice**

You may choose how we use and share your information for the following situations, including, but not limited to:

- Responding to treatment-related questions from your family and friends
- During disaster relief
- Communicating with you through mobile and digital technologies
- Marketing our services and products
- Selling your PHI

### **Your Rights**

Your rights include, but are not limited to, the following:

- Getting a copy of your health and claims records
- Requesting for correction of your health and claims records
- Getting a list of those with whom we've shared your information
- Asking us to limit the information we share
- Requesting confidential communication
- Requesting a copy of this privacy notice
- Filing a complaint if you believe your privacy rights have been violated
- Choosing someone to act on your behalf

**The following pages describe in detail your rights, our uses and disclosures, and our responsibilities to you.**

## **Our Uses and Disclosures in Detail**

This section describes how we may use and give out medical information about you. Although this list does not contain every possibility, all of the ways that we are allowed to use and give out information without your permission will fall within one of the categories listed in this section.

### **Help manage the health care treatment you receive**

- We may use your health information to give you medical care.
- We may give out medical information about you to doctors, doctors in training, nurses, students, or other employees within our organization who are involved in your care.
- We may give out medical information to work with people outside of the health system to provide care for you.

### **Example:**

A case manager will use information about your diagnosis and treatment plan to arrange additional services for when you go home.

### **To get paid**

We may use and give out health information about your care to request payment from you, an insurance company, or other payor.

### **Example:**

We may tell your health plan about care you are going to receive, or have received, for billing purposes.

### **To run DCMFM**

We may use and give out medical information about you to run DCMFM, i.e., Care Management, Care Coordination, Case Management, and Care Planning.

- We may use your information to see how we took care of you, and how you did under our care
- We may gather medical information about groups of patients to decide if there are other services DCMFM should offer, what services are needed or not needed, and what new treatments are effective
- People taking care of you, including doctors, nurses, and students, may receive information for learning purposes. Information may be combined with medical information from other hospitals to compare how we are doing and to see if we can improve the care and services that we offer

### **Example:**

We use health information about you to develop better services for you. We share health information with companies that provide administrative services

### **Marketing Our Services and Products**

- We will not use or give out your PHI for marketing purposes without your authorization.
- The following are not marketing communications, and an authorization may not be necessary if it is:
  - made to describe a health-related product or service (or payment for such product or service);
  - made to share with entities participating in a health care provider network or health plan network, a replacement of, or enhancements to, a health plan;
  - related to health products or services available only to a health plan enrollee that add value to, but are not part of, a plan of benefits;
  - used to announce the arrival of a new specialty group or new equipment;
  - made for treatment of the individual;
  - made for case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual.

### **Example of Marketing Communication:**

- A communication from a hospital informing former patients about a cardiac facility, which is not part of the hospital, that can provide a baseline service for a fee.
- When the communication is not for the purpose of providing treatment advice.

### **Example of Non-Marketing Communication:**

- A provider shares a patient's medical record with several behavior management programs to determine which program best suits the ongoing needs of the individual patient.
- A hospital social worker shares medical record information with various nursing homes in the course of recommending that the patient be transferred from a hospital bed to a nursing home.
- A provider sends a mailing to subscribers approaching Medicare eligible age with materials describing its Medicare supplemental plan and an application form.

### **Sales of PHI**

- We will not give out your PHI in exchange for payment without your authorization.
- With your authorization, we may disclose your PHI in limited cases, including for research activities where reimbursement shall be limited to the cost to prepare and transmit the PHI.

### **Example**

If DCMFM receives an offer to purchase your PHI, we cannot sell and release your information to the entity without your written approval.

### **Family and friends**

- We may give medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any health care power of attorney or similar document given to us.
- We may also give information to someone who helps pay for your care.

### **Example**

We may give out medical information about you to your family member who is involved in your medical care.

### **Research**

- Depending on the type of research, we may ask for your written approval before using your medical information or sharing it with others in order to carry out research.
- We may, however, provide your health information to people within DCMFM who are preparing a research project or enrolling patients in research projects.
- In each case the Office of Institutional Review Board (IRB) will review and determine if we need your consent, authorization, or neither.

### **Example**

The IRB determines that information may be provided to a research committee that has taken steps to protect your information.

## **Special Situations**

We are allowed or required to share your information in other ways without your permission — mostly in ways that contribute to the public good, such as public health and research. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

- **Research:** We could use or give out your information for health research without your permission if the IRB has reviewed and approved a waiver of consent and authorization.
- **As required by law:** When we are required to do so by federal, state, or local law.
- **To help avoid a serious threat to health or safety:**  
To help avoid a threat to the health and safety of you, another person, or the public, we may share your health information for specific situations:
  - preventing disease;
  - helping with product recalls;
  - reporting adverse reactions to medications;
  - reporting suspected abuse, neglect, or domestic violence; and
  - preventing or reducing a serious threat to anyone's health or safety.
- **Public Health authorities:** We may provide information for Public Health activities, such as reporting disease outbreaks; births and deaths; child or elder abuse; reactions to medications; recall notifications; or communicable diseases.
- **Organ and tissue donation:** To agencies that handle organ, eye, and tissue donations, or to an organ donation bank so these organizations may assist transplantation.
- **Respond to organ and tissue donation:** We can share health information about you with organ procurement organizations that handle eye and tissue donations or to an organ donation bank, so these organizations may assist with transplantation.
- **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 why the person died. We may also give out medical information to funeral directors. We will protect the confidentiality of your medical information for 50 years following your death.
- **Military and veterans:** If you are a member of the armed forces, we may give out medical information about you as required by military command authorities. We may give information to the Department of Veterans Affairs to find out if you can receive certain benefits.
- **Workers' compensation:** We may share information to assist programs that provide benefits for work-related injuries or illness.
- **Health oversight activities:** We may provide information to agencies monitoring the health care system or government programs or making sure hospitals are following the law. These activities include audits, investigations, inspections, and licensing.
- **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 legal request from someone involved in the case.
- **Law enforcement:** If we are asked to do so by law enforcement officials or are required to do so by law:
  - In response to a valid court order, subpoena, warrant, summons, or other similar process.
  - To identify or find a suspect, fugitive, material witness, or missing person.
  - To report about the victim of a crime if, in certain cases, we are unable to get the person to agree.
  - To report about a death we think may be the result of criminal conduct.
  - To report criminal conduct in our facilities.In emergency cases to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- **Prisoners:** If you are a prisoner of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the prison or law enforcement officials when necessary for your health and safety or the health and safety of others.
- **National security and intelligence activities:** We may provide information to authorized federal officials for national security activities authorized by law. This includes the protection of the President or foreign heads of state.
- **Substance Use Disorder (SUD) Records:** Certain Substance Use Disorder (SUD) records are protected by federal law (42 C.F.R. Part 2) and receive additional confidentiality protections beyond HIPAA. We may not use or disclose SUD records that identify you as having, seeking, or receiving substance use disorder treatment **without your written consent**, except as permitted or required by law. When disclosure is permitted, we will limit the information shared to the **minimum necessary** and include a statement prohibiting re-disclosure unless expressly allowed by federal law. These protections apply even if other sections of this Notice describe disclosures that would otherwise be permitted under HIPAA.
- **Reproductive Health Information:** We take special care to protect information related to reproductive health care, including but not limited to contraception, pregnancy, miscarriage management, fertility treatment, and abortion services. We will **not use or disclose** reproductive health information for the purpose of investigating or imposing criminal, civil, or administrative liability related to the lawful provision of reproductive health care. We may disclose reproductive health information only as permitted by federal or state law and, when required, only after receiving valid authorization or legal attestation. We comply with applicable federal privacy protections for reproductive health information, including regulations issued by the U.S. Department of Health and Human Services, and with state law where it provides greater protection.
- **Additional restrictions on use and disclosure:**  
Certain federal and state laws may require greater privacy protection. Where applicable, we will follow more stringent federal and state privacy laws that relate to uses and disclosures of health information concerning HIV/AIDS, cancer, mental health, genetic testing, sexually transmitted diseases, and family planning.

## **Your Rights in Detail**

When it comes to your health information, you have certain rights. This section describes your rights and our responsibilities to help you.

### **Get a copy of your health records**

- Most of the time, you have the right to look at and get a copy of your health information.
- If you ask for a copy, we may charge a reasonable fee for the costs of copying, mailing, or other supplies. You may ask us to provide a copy of your records in a specific electronic form or format. You may ask our staff for a copy of our fee schedule and document release policy.
- We will provide the copy in the requested form or format if it can be easily made. If not, we will arrange with you to provide the copy in another readable electronic format, usually within 30 days of your request.
- On rare occasions, we may not be able to let you see or get copies of your records. If this happens, we will tell you the reason, and you will have the right to request a review of that decision.
- DCMFM will retain medical records as required by federal and state regulations and in accordance with our policies and procedures. When medical records are no longer required to be retained, they are securely destroyed.

### **Ask us to correct your health records (amendment)**

- You have the right to ask for an amendment of information that is incorrect or incomplete for as long as the information is kept by DCMFM. To ask for an amendment, you must write to the Privacy Officer and provide a reason.
- We will respond to your request in writing within 60 days.
- We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by or for DCMFM.
- Is not part of the information that you would be permitted to inspect and copy.
- Is accurate and complete.
- You have a right to submit a written statement to the Privacy Officer disagreeing with a denial of your request for an amendment, which will then be released with your records.

**Receive a list of those whom we've shared you information with**

- You have the right to request an "accounting of disclosures." This is a list of the disclosures of medical information about you that we made outside of the health system for the functions listed above in the "Our Uses and Disclosures" section.
- It does not apply to information shared to take care of you, for DCMFM to get paid, or to run DCMFM.
- To ask for this list, you must put your request in writing to the Privacy Officer.
- Your request must state the time period you are interested in and must be within of the last six (6) years.
- The first request within a 12-month period will be free. We may charge you for the cost of providing additional lists.
- We will tell you the cost and get your approval before we mail the list.

**Receive a Notification of a Breach**

- You have the right to receive notice if there is a breach of your protected health information. A breach is an unauthorized acquisition, access, use or disclosure of PHI which compromises the security or privacy of the information.
- This notice may be given by mail or through the news media in accordance with applicable law.

**Restrictions on the use or disclosure of your information**

- You have the right to request that we limit the medical information we use or give out about you. We may not be able to agree to your request. If we do agree, we will do as you ask unless the information is needed to provide you with emergency treatment.
- You may request that information about an item or service for which you have paid in full out-of-pocket not be given out for payment or health care operations. This information may still be used for treatment purposes or as required by law.
- To request a restriction, send your request to the Privacy Officer in writing.
- In your request, you must tell us: (1) The information you want to limit; (2) Whether you want to limit our use, how we share your information, or both; and (3) To whom you want the limits to apply, such as information shared with your spouse or an insurance company.

**Request confidential communication**

- You have the right to ask us to contact you using a different address or phone number for the purpose of keeping your health information private.
- When you provide your address and phone number at registration, you need to tell us if you prefer a second address or phone number to be used.

**Right to a paper copy of this Notice**

- You have the right to ask for a copy of this notice.
- You may submit a request to Patient Registration or the Privacy Officer.

**Right to file a complaint if you feel your rights are violated**

- You have the right to file a complaint if you feel we have violated your rights by contacting the Privacy Officer. Please provide enough detail to allow us to investigate the matter.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by one of the following ways: 1) sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201; 2) call 1-877-696-6775; or 3) visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- You may also file a complaint with the Office of Civil Rights: Regional Manager of the Office of Civil Rights, Region III, 150 S. Independence Mall W. Suite 372, Public Ledger Building Philadelphia, PA 19106-9111 (215) 861-4441; Hotline Number: 1-800-368-1019.

*PLEASE NOTE: You will not be treated any differently at DCMFM for filing a complaint. You will not be penalized or retaliated for filing a complaint.*

**Right to choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, this person can exercise your rights and make choices about your health information.
- We will confirm the identity of the person who has the authority to act for you before we take any action.

**Health Information Exchange**

DCMFM participates in several Health Information Exchanges (HIEs) and Health Information Networks (HINs). The HIEs and HINs coordinate information sharing among their members for treatment, payment, and health care operations. Through these exchanges, DCMFM can share your health information with your other providers, ensuring timely delivery of vital health information to your health care providers.

**Delaware Health Information Network (DHIN)**

- DHIN is a regional health information exchange serving Delaware, Maryland, and D.C.
- You may "opt-out" and disable access to your health information available through DHIN by calling 1-302-678-0220, or by completing and submitting an Opt-Out form to DHIN by mail, fax, or through their website at <https://www.dhin.org/consumer>

**CommonWell**

- CommonWell is a national health information exchange organization that was established by various Electronic Medical Record (EMR) vendors as a platform to exchange information between dissimilar EMR systems.
- You may "opt-out" and disable access to your health information available through CommonWell by contacting the Privacy Office

**Carequality**

- Carequality compiles a nationwide registry of healthcare providers who share health data via the Carequality Interoperability Framework
- You may "opt-out" and disable access to your health information available through CommonWell by contacting the Privacy Office

**Changes to this Notice**

We have the right to change this Notice. All changes to the Notice will apply to the information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice on our website: [www.dcmfm.com](http://www.dcmfm.com). The effective date of the current Notice will be posted at the top of the Notice.

**How to contact us**

If you have any questions about this notice or if you need to make a request to the Privacy Officer, please contact us at:  
DCMFM, c/o Privacy Officer, 1 Centurian Dr Ste 312, Newark, DE 19713 302-319-5680 x122