

# Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

## Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you

## Your Choices

You have some choices in the way that we use and share

information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care

## Our Uses and Disclosures

- We may use and share your information as we:
  - Comply with the law
  - Respond to organ and tissue donation requests
  - Work with a medical examiner or funeral director
  - Address workers' compensation, law enforcement, and other government requests
- Treat you
- Run our organization
- Bill for your services

**When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.**

### Get an electronic or paper copy of your medical record

- ◆ You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- ◆ Ask us how to do this.
- ◆ We will provide a copy or a summary of your health information, usually within 30 days of your request.
- ◆ We may charge a reasonable, cost-based fee.

### Ask us to amend your medical record

- \* You can ask us to amend health information about you that you think is incorrect or incomplete. Ask us how to do this.
- \* We may say "no" to your request, but we'll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

### Ask us to limit what we use or share

- ◆ You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- ◆ If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

### Get a list of those with whom we've shared information

- ◆ You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- ◆ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice - You can ask for a paper copy of this notice at any time.**

### Choose someone to act for you

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

### File a complaint if you feel your rights are violated

- ◆ You can complain if you feel we have violated your rights by contacting us using the information on page 3.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes
- Sale of your information

In the case of fundraising we may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

We typically use or share your health information in the following ways.

- ◆ We can use your health information and share it with other professionals who are treating you.
- ◆ We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- ◆ We can use and share your health information to bill and get payment from health plans or other entities.

**Electronic Exchange.** Your information may be shared with other providers through our EHR system as listed:

- 1) Catholic Health
- 2) Healthy Link
- 3) Kaleida
- 4) NY State Health Systems
- 5) Quest

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. 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).

## Help with public health and safety issues

◆ ***We can share health information about you for certain situations such as:***

- ◆ Preventing disease
- ◆ Helping with product recalls
- ◆ Reporting adverse reactions to medications
- ◆ Preventing or reducing a serious threat to anyone's health or safety
- ◆ Reporting suspected abuse, neglect, or domestic violence
- ◆ Do research
- ◆ Comply with the law
- ◆ Respond to organ and tissue donation requests
- ◆ Work with a medical examiner or funeral director
- ◆ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

◆ **We can use or share health information about you:**

- ◆ For workers' compensation claims
- ◆ For law enforcement purposes or with a law enforcement official
- ◆ With health oversight agencies for activities authorized by law
- ◆ For special government functions such as military, national security, and presidential protective services
- ◆ Respond to lawsuits and legal actions

## ◆ Our Responsibilities

- ◆ We are required by law to maintain the privacy and security of your protected health information.
- ◆ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ◆ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ◆ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

*For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).*

**Consent for Purposes of Treatment, Payment and Healthcare Operations Consent for Purposes of Treatment, Payment and Healthcare Operations**

I consent to the disclosure of my child's protected health information by Delaware Pediatric Associates for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to understand that diagnosis or treatment of my child by Delaware Pediatric Associates may be conditioned upon my consent as evidenced by my signature\*.

I understand I have the right to request a restriction as to how protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Delaware Pediatric Associate is not required to agree to the restrictions that I may request, the restriction is binding on Delaware Pediatric Associates.

I have the right to revoke this consent, in writing, at any time except to the extent that Delaware Pediatric Associates has taken action in reliance on this consent. "Protected Health Information" means health information, including demographic information, collected and created or received by my physician, another health care provider, a health plan, employer or a health care clearinghouse. This protected health information relates to past, present and future physical or mental health or condition, or there is a reasonable basis to believe the information may identify my child.

I understand I have a right to review Delaware Pediatric Associates' Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Delaware Pediatric Associates. The Notice Of Privacy Practices for Delaware Pediatric Associates is also provided in the patients' waiting room. This Notice of Privacy Practices also describes my rights and the Delaware Pediatric Associates duties with respect to protected health information. Delaware Pediatric Associates reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

\*Electronic signature will be obtained in office.

**Delaware Pediatric Associates, LLP**  
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**PHONE: 716-884-0230**  
**Effective Date: 5/1/2020**