

**Your Information.
Your Rights.
Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can access this information. **Please review it carefully.**

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
- File a complaint if you believe your privacy rights have been violated

► *See page 2 for more information on these rights and how to exercise them*

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
- Market our services and sell your information
- Raise funds

► *See page 4 for more information on these choices and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Operate our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- 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
- Respond to lawsuits and legal actions

► *See pages 3 and 4 for more information on these uses and disclosures*

Your Rights

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 request to view or obtain 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 correct your medical record.

- You can request that we correct health information about you that you believe is incorrect or incomplete. Ask us how to do this.
- We may decline your request, but we'll provide you with a written explanation 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.

Consent

- Mobile information will not be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.
- To opt out of receiving future communications, simply text **STOP, QUIT, END, REVOKE, OPT OUT, CANCEL, or UNSUBSCRIBE**.

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 may decline it if it impacts your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can request that we not share that information for 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 request a list (accounting) of the times we've shared your health information over the past six years, including the names of those we shared it with and the reasons for doing so.
- We will include all disclosures except those related to treatment, payment, and healthcare operations and certain other disclosures (such as any you have requested us to make). We'll provide one accounting a year for free but charge a reasonable, cost-based fee if you request another one within 12 months.

Get a copy of this privacy notice.

- You can request a paper copy of this notice at any time, even if you have agreed to receive it electronically. We will promptly provide you with a paper copy.

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 that the person has the necessary authority and can act on your behalf before taking 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 1.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.
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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 the 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
- Include your information in a hospital directory

If you are unable to express your preference, for example, if you are unconscious, we may proceed to 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
- Sale of your information
- Most sharing of psychotherapy notes

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

How do we typically use or share your health information?

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

Treat you

- We can use your health information and share it with other professionals treating you.

***Example:** A doctor treating you for an injury asks another doctor about your health.*

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

***Example:** We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

***Example:** We give information about you to your health insurance plan so it will pay for your services.*

continued on next page

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. For these purposes, we must meet many conditions in the law before sharing your information. For more information, see: 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
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research.

- We can use or share your information for health research.

Comply with the law.

- 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.

Respond to organ and tissue donation requests.

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director.

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- 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.

- We can share health information about you in response to a court or administrative order or in response to a subpoena.

Minors

We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

You should take note that, if you are a parent or legal guardian of a patient that is a minor, certain portions of the minor’s medical record will not be accessible to you (e.g. records relating to venereal disease, abortion, or care and treatment to which the minor is permitted to consent himself/herself ((without your consent)), such as HIV testing, sexually transmitted disease diagnosis and treatment, chemical dependence treatment, prenatal care, care received by a married minor, and contraception and/or family planning services).

Schools

We may disclose proof of immunization to a school without having to obtain a written authorization.

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 compromise 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, except as described here, unless you provide us with written consent. If you tell us we can, you may change your mind at any time. Please notify us in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We reserve the right to modify the terms of this notice, and any such changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website.

Effective Date: 4/14/2003, updated 6/1/2016, updated 2/10/2021 updated 3/25/2025

This Notice of Privacy Practices applies to the following organizations.

*Electronic Exchange Notice: Your information may be shared with other providers through our EHR system as listed:
(1) Catholic Health (2) HealtheLink (3) Kaleida (4) NYS Health Systems (5) Quest*

Privacy Officer: Mary Lucarelli - 716-884-0230 - mary@delawareped.com