

**HOW TO COMPLAIN ABOUT OUR  
PRIVACY PRACTICES**

If you think your privacy rights may have been violated, or you disagree with a decision we made about access to your PHI, you may file a complaint with the office listed in the next section of this Notice. Please be assured that you will not be penalized and there will be no retaliation for voicing a concern or filing a complaint. We are committed to the delivery of quality health care in a confidential and private environment.

**PERSON TO CONTACT FOR INFORMATION  
ABOUT THIS NOTICE OR TO COMPLAIN  
ABOUT OUR PRIVACY PRACTICES**

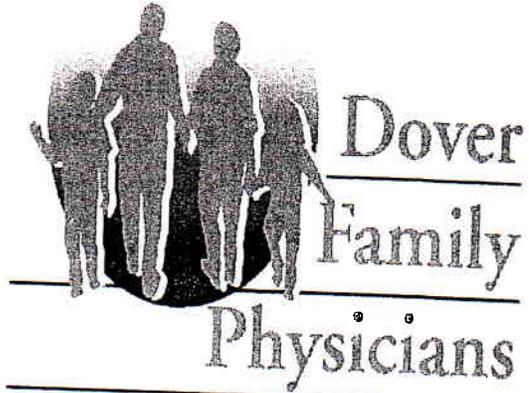
If you have any questions about this Notice or any complaints about our privacy practices please call the Privacy Officer (302) 734-2500 or contact in writing:

HIPAA Privacy Officer  
1342 South Governors Ave.  
Dover, DE 19904

You also may send a written complaint to the Office of Civil Rights. The address will be provided at your request.

**EFFECTIVE DATE OF THIS NOTICE:**

This notice went into effect April 2003.  
Revised September 2013



**PROFESSIONAL ASSOCIATION**

**Notice of Privacy  
Practices**

**THIS NOTICE DESCRIBES HOW  
INFORMATION ABOUT YOU MAY  
BE USED AND DISCLOSED AND  
HOW YOU CAN OBTAIN ACCESS TO  
THIS INFORMATION, PLEASE  
REVIEW IT CAREFULLY.**

**CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this Notice at any time. We also reserve the right to make the revised or changed Notice effective for existing as well as future PHI. This Notice will always contain the effective date. You may view this notice and any revisions to it at:  
<http://www.doverfamilyphysicians.com>

### **Understanding Your Protected Health Information (PHI)**

Each time you visit the Dover Family Physicians office or any other unit of this clinical system that provides patient care these a record of your visit is made. We are legally required to protect the privacy of this record containing your PHI. We collect or receive this information about your past, present or future health condition to provide health care to you, to receive payment for this health care, or to operate the hospital and/or clinics.

### **HOW WE MAY USE AND RELEASE YOUR PROTECTED HEALTH INFORMATION (PHI)**

**A. The following uses do NOT require your authorization, except where required by DE law:**

1. **For treatment.** Your PHI may be discussed by caregivers to determine your plan of care. The physicians, nurses, medical students and other health care personnel may share PHI in order to coordinate the services you may need.
2. **To obtain payment.** We may use and disclose PHI to obtain payment for our services from you, an insurance company or a third party.
3. **For health care operations.** We may use and disclose PHI for hospital and/or clinic operations. For example, we may use the information to review our treatment and services and to evaluate the performance of our staff in caring for you.
4. **For public health activities.** We report to public health authorities, as required by law, information regarding births, deaths, various diseases, reactions to medications and medical products.
5. **Victims of abuse, neglect, domestic violence.** Your PHI may be released, as required by law, to the Delaware Department of Social Services when cases of abuse and neglect are suspected.
6. **Health oversight activities.** We will release information for federal or state audits, civil,

administrative or criminal investigations, inspections, licensure or disciplinary actions, as required by law.

7. **Judicial and administrative proceedings.** Your PHI may be released in response to a subpoena or court order.
  8. **Law enforcement or national security purposes.**
  9. **Uses and disclosures about patients who have died.** We provide coroners, medical examiners and funeral directors necessary information related to an individual's death.
  10. **For purposes of organ donation.** As required by law, we will notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.
  11. **Research.** We may use your PHI if the Institutional Review Board (IRB) for research reviews, approves and establishes safeguards to ensure privacy.
  12. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may release limited information to law enforcement personnel or persons able to prevent or lessen such harm.
  13. **For workers compensation purposes.** We may release your PHI to comply with workers compensation laws.
  14. **Marketing.** We may send you information on the latest treatment, support groups and other resources affecting your health.
  15. **Fundraising activities.** We may use your PHI to communicate with you to raise funds to support health care services and educational programs we provide to the community.
  16. **Appointment reminders and health-related benefits and services.** We may contact you with a reminder that you have an appointment.
- B. You may object to the following uses of PHI:**
- Information shared with family, friends or others:**  
Unless you object, we may release your PHI to a family member, friend or other person involved with your care or the payment of your care.

C. Your prior written authorization is required (to release your PHI) in the following situations:

1. Any uses or disclosures beyond treatment, payment or healthcare operations and not specified in parts A & B above.

2. Psychotherapy notes.

#### WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

Although your health record is the physical property of DFP, the information belongs to you, and you have the following rights with respect to your PHI:

A. **The Right to Request Limits on How We Use and Release Your PHI.** You have the right to ask that we limit how we use and release your PHI. We will consider your request, but we are not always legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Your request must be in writing and state (1) the information you want to limit; (2) whether you want to limit our use, disclosure or both; (3) to whom you want the limits to apply, for example, disclosures to your spouse; and (4) an expiration date.

B. **The Right to Choose How We Communicate PHI with You.** You have the right to request that we communicate with you about PHI in a certain way or at a certain location (for example, sending information to your work address rather than your home address). You must make your request in writing and specify how and where you wish to be contacted.

C. **The Right to See and Get Copies of Your PHI.** You have the right to inspect and receive a copy of your PHI, which is contained in a designated record set that may be used to make decisions about your care. You must submit your request in writing. If you request a copy of this information, we may charge a fee for copying, mailing or other costs associated with your request. We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

#### WHAT RIGHTS YOU HAVE REGARDING YOUR PHI (continued)

D. **The Right to Get a List of Instances of When and to Whom We Have Disclosed Your PHI.** This list may not include uses such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility as described above in this Notice of Privacy Practices. This list also may not include uses for which a signed authorization has been received or disclosures made before April 14, 2003.

E. **The Right to Amend Your PHI.** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we amend the existing information or add the missing information. You must provide the request and your reason for the request in writing. We may deny your request in writing if the PHI is correct and complete or if it originated in another facility's record.

F. **The Right to Receive a Paper or Electronic Copy of This Notice.** You may ask us to give you a copy of this Notice at any time. For the above requests (and to receive forms) please contact:

Dover Family Physicians, PA  
Attention: Medical Records  
1342 South Governors Ave.  
Dover, DE 19904  
(302)734-2500

G. **The Right to Revoke an Authorization.** If you choose to sign an authorization to release your PHI, you can later revoke that authorization in writing. This revocation will stop any future release of your health information except as allowed or required by law.