

Delaware Clinical & Laboratory Physicians, P.A.
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. PLEASE REVIEW IT CAREFULLY.

Delaware Clinical & Laboratory Physicians, P.A. (DCLP) is required by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and our privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. We will use and disclose your health information to provide you with medical treatment or services. (Example)

“It may be necessary to seek consultation regarding your condition from other health care providers associated with DCLP”

“It is our policy to provide a substitute health care provider, employed by DCLP, to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider’s absence due to vacations, sickness, continuing medical education, or emergency situations.”

“We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of quality of treatment, and to assess the care and outcomes of your treatment.”

We may disclose your health care information to other health professionals, healthcare entities outside of our practice, and/or members of your family in order to facilitate your treatment. (Example)

“Nurses, physicians and other members of our staff may disclose your health information to other health care providers or entities who are/will be participating in your diagnosis and treatment, to pharmacists who are filling your prescriptions and, unless you object, to family members who are helping with your care.”

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. (Example)

“As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to DCLP for health care services rendered. If you pay for your health care services personally, as a courtesy we will provide an itemized billing to your insurance carrier for the purpose of reimbursement to you. You must inform DCLP if you wish to exercise your right to restrict disclosure of any services for which you (and not the insurance plan) paid in full. DCLP will document such medical records for “restricted disclosure” and will not release information regarding the service to your insurance company.”

The billing statement contains medical information including diagnosis, date of injury or condition, and codes which describe the health care services received.”

Business Associates

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services (for example, to administer claims or provide DCLP with support services). To perform these functions or services, Business Associates will receive, create, maintain, use and/or disclose your health information, but only after they agree in writing to implement appropriate safeguards to protect your information.

Workers Compensation

We may disclose your health information as necessary to comply with State Workers’ Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury, or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration (FDA) problems with products and reactions to medications, and reporting exposure to disease or infection.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceeding, as required by law or in response to a subpoena or discovery request. However, we will only do so after we have made efforts to inform you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may disclose your health information to a law enforcement office for purposes such as identify or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons

We may disclose your health information to coroners or medical examiners or State Tumor Registry.

Organ and Tissue Donation

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

We may disclose your health information to researchers when (1) the individual identifiers have been removed; or (2) an Institutional Review Board (IRB) or Privacy Board has reviewed the research proposal, established protocols to ensure the privacy of the requested information, and approved the research.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing

We May contact you for marketing purposes as described below: (Example)

“As a courtesy to our patients, it is our policy to call your daytime and home phone numbers prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message, other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment”

Any other marketing purpose will require your separate marketing release.

Change of Ownership

In the event that Delaware Clinical & Laboratory Physicians, P.A. is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that DCLP is not required to agree to all the restriction you may request.
- You have the right to have your Health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and obtain a copy of your health information. A charge of \$15.00 will be assessed to cover our cost of duplicating your records. An electronic copy of your medical record can be emailed, but only if you provide specific, written authorization after being informed of the security risks of such transmission. Payment must be made in advance. DCLP has 30 days to comply with your request and 60 days if it requests an extension.
- You have a right to request to amend your protected health information. Please be advised, however, that DCLP is not required to agree to amend your protected health information. If your request to amend your health information is denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an account of any disclosure of your protected health information made by DCLP.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.
- You have a right to restrict the disclosure of services for which you (and not the insurance plan) paid in full. You must inform DCLP of the requested restriction, DCLP will document your medical record and designate the restricted service(s).
- You have a right to be notified if DCLP (or a Business Associate) discovers a breach of your Protected Health Information (i.e., an unauthorized use or disclosure).

Changes to this Notice of Privacy Practices

DCLP reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make any new provisions effective for all information that DCLP maintains. Until such amendment is made, DCLP is required to comply with this Notice.

DCLP is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Carolmarie G. Mahoney by calling our corporate office at (302) 454-9830. If Carolmarie G. Mahoney is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy rights or how DCLP has handled your health information should be directed to Carolmarie G. Mahoney by calling our corporate office at (302) 454-9830. If Carolmarie G. Mahoney is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington DC 20201

This notice is effective as of 6/1/2013

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Delaware Clinical & Laboratory Physicians, P.A. (DCLP) with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and healthcare operations as described in the Privacy Notice

Patients Name (print)

Patients Signature

Date

Authorized Facility Signature

Date