

Sussex Pulmonary & Endocrine Consultants, P.A.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

EFFECTIVE DATE: May 1st, 2008

The following is the privacy policy ("Privacy Policy") of Sussex Pulmonary & Endocrine Consultants, P.A as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated there under, commonly known as HIPAA. HIPAA requires Sussex Pulmonary & Endocrine Consultants, P.A by law to maintain the privacy of your personal health information (PHI) and to provide you with notice of **Sussex Pulmonary & Endocrine Consultants, P.A.** legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice.

This notice explains how we may use and disclose your PHI, your privacy rights in your PHI and our obligations concerning the use and disclosure of your PHI. The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. ***Our practice will post a copy of our current Notice in the offices in a visible location at all times, and you may request a copy of our most current Notice at any time.***

YOUR PERSONAL HEALTH INFORMATION

We collect personal health information from you through initial enrollment, treatment, payment and related healthcare operations. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by us. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information.

USES OR DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms of the permission. However:

I. We may use and disclose your PHI without your authorization in the following settings:

- **Treatment:** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice including, but not limited to, our doctors and nurses may use or disclose your PHI in

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order to treat you or to assist others in your treatment. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

- **Payment:** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
- **Health care operations:** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

II. We may use and reveal PHI about you in a number of other settings in which you do not have the chance to agree or object. These may include:

- **Public health risks:** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths,
 - Reporting child abuse or neglect,
 - Preventing or controlling disease, injury or disability,
 - Notifying a person regarding potential exposure to a communicable disease,
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
 - Reporting reactions to drugs or problems with products or devices,
 - Notifying individuals if a product or device they may be using has been recalled,
 - Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- **Health oversight activities:** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- **Lawsuits and similar proceedings:** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by

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another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

- **Law enforcement:** We may release PHI if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
 - Concerning a death we believe has resulted from criminal conduct,
 - Regarding criminal conduct at our offices,
 - In response to a warrant, summons, court order, subpoena or similar legal process,
 - To identify/locate a suspect, material witness, fugitive or missing person,
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

- **Deceased patients:** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

- **Organ and tissue donation:** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

- **Research:** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions:
 - The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted;
 - The research could not practicably be conducted without the waiver,
 - The research could not practicably be conducted without access to and use of the PHI.

- **Serious threats to health or safety:** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

- **Military:** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

- **National security:** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials

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in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

- **Inmates:** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
- **Workers' compensation:** Our practice may release your PHI for workers' compensation and similar programs.

III. Other uses and disclosures of PHI about you.

- **Appointment reminder:** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
- **Treatment options:** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
- **Health-related benefits and services:** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- **Release of information to family/friends:** Our practice may release your PHI to a friend or family member or other personnel representatives *authorized by you* that is involved in your care, or who assists in taking care of you on your Confidentiality Questionnaire you have filled out or by a legal mandate (a guardian or other personal representative who has been named to handle your medical decisions, should you become incompetent).

IV. Any other use or revealing of PHI about you calls for your written authorization

For any reason other than those listed above, we will ask for your written authorization before we use or reveal your PHI. Any written authorization we receive can be cancelled at any time in writing. We will not reveal PHI about you if you cancel your authorization unless we did this prior to your cancellation.

YOUR RIGHTS REGARDING YOUR PHI

1. **Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Sussex Pulmonary & Endocrine Consultants, P.A. specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

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2. **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **Sussex Pulmonary & Endocrine Consultants, P.A.** Your request must describe in a clear and concise fashion:
 - The information you wish restricted,
 - Whether you are requesting to limit our practice's use, disclosure or both,
 - To whom you want the limits to apply.
3. **Inspection and copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not psychotherapy notes. You must submit your request in writing to Sussex Pulmonary & Endocrine Consultants, P.A in order to inspect and/or obtain a copy of your PHI. ***Our practice may charge a fee*** for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Sussex Pulmonary & Endocrine Consultants, P.A.** You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to **Sussex Pulmonary & Endocrine Consultants, P.A.** All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a

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paper copy of this notice, contact **Sussex Pulmonary & Endocrine Consultants, P.A.**, 18947 John J. Williams Hwy, Suite 305, Beebe Health Campus, Medical Arts Building, Rehoboth Beach, DE 19971.

RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Sussex Pulmonary & Endocrine Consultants, P.A.** All complaints must be submitted in writing. **You will not be penalized for filing a complaint.** You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail to our privacy officer,

Privacy Officer

Sussex Pulmonary & Endocrine Consultants, P.A.

18947 John J. Williams Hwy, Suite 305

Beebe Health Campus, Medical Arts Building

Rehoboth Beach, DE 19971

A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPPA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

AMENDMENTS TO THIS PRIVACY POLICY

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of the revision or amendment. We will post a revised notice of this Privacy Policy at our offices and make paper copies available upon request.

ON-GOING ACCESS TO PRIVACY POLICY

1. We will provide you with a copy of the most recent version of this Privacy Policy at any time upon your written request sent to Privacy Officer **Sussex Pulmonary & Endocrine Consultants, P.A.**, 18947 John J. Williams Hwy, Suite 305, Beebe Health Campus, Medical Arts Building, Rehoboth Beach, DE 19971. For any other request or for further information regarding the privacy of your personal health information, and for information regarding the filing of a complaint with us. Please contact our privacy officer at the address listed above.