

HIPAA Privacy Notice



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Developmental Disabilities Services

Revised Date: October 13, 2016

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.

Our Rights and Responsibilities

- The Delaware Division of Developmental Disabilities Services (DDDS) cares about your privacy. DDDS is required by law to maintain the privacy of your Protected Health Information (PHI), and to give you notice about our privacy practices, our legal duties, and your rights concerning your PHI. DDDS is also required to notify you of any breach of your unsecured PHI.

HEALTH INFORMATION RIGHTS

- **Right to Inspect and Copy:** With certain exceptions, you have the right to inspect or copy the PHI that we maintain on you. You must make a request in writing to obtain access to your PHI. Request must be made to: Health Information Management Department 26351 Patriots Way Georgetown, DE 19947. If you request copies we may charge a reasonable, cost based fee for staff time, postage, and printing cost.
- **Right to Amend:** you have the right to request that we amend the PHI that we maintain on you. We may deny your request to amend PHI if: (a) we did not create it and the originator remains available; (b) it is accurate and complete; (c) it is not part of the information that we maintain; or (d) it is not part of the information that you would be permitted to inspect or copy.
- **Right to Confidential Communications:** You have the right to request that we contact you in a specific way or send mail to a different address.
- **Right to Request Restrictions:** You have the right to request restrictions on how we use or disclose PHI.
- **Right to Disclosure Accounting:** You have the right to receive an accounting of the disclosures we have made of your PHI.
- **Breach Notification:** You have the right to be notified by us if there is a breach of your unsecured PHI.
- **Copy of Notice:** You have the right to receive a paper copy of this notice upon request.

YOU DO NOT HAVE TO DO ANYTHING. THIS NOTICE IS JUST FOR YOUR INFORMATION.

To use these rights, a request for inspecting, copying, amending, making restrictions, or obtaining an accounting of your health information must be made in writing to the: Health Information Management Department 26351 Patriots Way Georgetown, DE 19947

Your health information may be used and given by DDDS for treatment, payment and operational needs. We have listed some allowed uses and releases.

- **For Treatment:** We may share information about you to help you get health care. For example, we may tell your doctor about care you get in an emergency room.
- **For Payment:** We may use and share information so the care you get can be billed and paid for. For example, we may ask an emergency room before we pay the bill for your care.
- **For Business Operations:** We may need to use and share information for our business operations. For example, we may use information to review the quality of the care you get.
- **Exceptions.** For certain kinds of records, your permission may be needed even for release for treatment, payment, or business operations.
- **As Required By Law.** We will share information when we are required by law to do so. Examples of such release would be law enforcement or in response to a court order or subpoena. We may also share information to prevent a serious threat to health, safety or other emergencies. We may also share information to allow government agencies to review our activities.
- **With your Permission.** If you give us permission in writing, we may use and share your information. If you give us permission, you have the right to change your mind and take it back. This must be in writing too. We cannot take back any uses already made with your permission.

DDDS has the right to change this notice. A changed notice will be for information we already have as well as information we get in the future. We must follow whatever notice is currently in effect. We will send a new notice to you if the change we make is important. We will also post a copy of the current notice on our website at <http://dhss.delaware.gov/dhss/ddds/>

If you believe your privacy rights have been violated, you may file a complaint by writing to:

Stockley Center
Attention: HIPAA Privacy/Complaints Officer
26351 Patriots Way
Georgetown, DE 19947

Or to:

Region III, Office for Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-3499.

Main Line (215) 861-4441.

Hotline (800) 368-1019.

You will not be penalized for filing a complaint with the federal government.

Si necesita esta noticia en Espanol favor de llamar 1-800-372-2022.