



**Delaware Health & Social Services/Division of Public Health**

**Notice of Privacy Practices**

**Effective Date: April 14, 2003**

**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.**

***Purpose of this Notice:*** Delaware Health & Social Services/Division of Public Health is required by law to maintain the privacy of certain confidential health care information, known as protected health information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This notice describes your legal rights, advises you of our privacy practices, and lets you know how Delaware Health & Social Services/Division of Public Health is permitted to use and disclose PHI. Delaware Health & Social Services/Division of Public Health is also required to agree to the terms of this Notice currently in effect.

***Uses and Disclosures of PHI without your authorization:*** Delaware Health & Social Services/Division of Public Health is permitted to use or give out PHI without your permission in certain situations, including:

- **Treatment:** We may share medical information about you to coordinate your health care. For example, we may notify your doctor about care you receive in a Public Health clinic or we may contact you to remind you of an appointment.
- **Payment:** We may use or share information about you so we properly bill and are paid. For example, sending a bill to your insurance company for payment.
- **Health Care Operations:** We may use and share information for quality assurance activities such as reviewing medical charts to ensure proper treatment was provided, licensing, training programs, obtaining legal and financial services, business planning, and processing grievances and complaints.

- **As Required By Law:** We will share information for the following:
- Emergency situations such as a declared public health emergency;
- To a public health authority in certain situations (such as reporting a birth, death or disease) and as part of a public health investigation to ensure proper treatment and the prevention of the spread of disease;
- For health oversight activities, including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For court order, or in some cases in response to a subpoena or other legal demand;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions; and
- For workers' compensation purposes, in compliance with workers' compensation laws.

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization. An authorization specifically identifies the information we seek to use or disclose, as well as when and how we seek to use or disclose it. You may take back your authorization any time, in writing, except to the extent that we have already used or shared medical information in reliance on that authorization.



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**Patient Rights:** As a patient, you have a number of rights with respect to the protection of your PHI, including:

**You have the right to correct your PHI:**

We will generally change your information within 60 days of your request and will notify you when we have corrected the information. We are allowed by law to deny your request to correct your medical information only in certain circumstances, such as when we believe the information you have asked us to change is correct as written. You can appeal our denial.

**You have the right to receive a summary of certain disclosures the Division may have made of your medical information.**

This summary does not include the following: disclosures made to you & to individuals involved with your care, disclosures authorized by you, disclosures made to carry out treatment, payment, and health care operations, disclosures for public health, disclosures for health professional, disclosures to report abuse of children, adults, or disabled, disclosures prior to April 14, 2003.

**You have the right to request that we restrict the uses and disclosures of your medical information**

to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. Delaware Health & Social Services/Division of Public Health is not required to agree to any restrictions you request, but any restrictions agreed to by Delaware Health & Social Services/Division of Public Health are binding, with the exception of releasing your medical information in an emergency situation.

**You have the right to be assured your information will be kept confidential.**

You will need to give us your choice of communication or location at which you wish to receive information. You do not need to provide us with a reason for your request.

**You have the right to a paper copy** of this notice even if you have previously been provided one.

**Legal Rights and Complaints:** Notice of any changes in Delaware Health & Social Services/Division of Public Health's privacy policy may be changed directly on this notice.

You also have the right to complain to us, or to the Secretary of the federal Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government.

Should you have any questions, comments or complaints, you may direct all inquiries to:

Office for Civil Rights  
Region III  
800.368.1019  
215.861.4431 Fax