

## YOUR HEALTH INFORMATION RIGHTS

### Right to an Accounting of Disclosures:

You have the right to request a list of disclosures we made of your PHI. To request the list, submit a written request to the Chief Compliance Officer. Your request must state the time period, which may not be longer than 6 years, and may not include dates before April 14, 2003. The first request in a 12 month period is provided at no cost. There may be a charge for subsequent requests within the same 12 month period. We will notify you of the costs involved so you may withdraw or modify your request before incurring any costs.

### Right to Receive Notification in the Event of a Breach:

You have a right to receive notification if there is a breach of your PHI within 60 days of the discovery of the breach. The notice will include a description including: date of the breach, what happened, type of information, brief description of investigation, steps to protect yourself, steps to prevent further breaches, and who to contact for additional information.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint. All complaints must be in writing. **You will not be penalized or retaliated against for filing a complaint.** To file a complaint, contact the Chief Compliance Officer. See the contact information at the front of this Notice.

You may also file a complaint with the Department of Health and Human Services Office of Civil Rights (“OCR”). Information on Filing a Complaint, complaint requirements and forms are available through the following website: <http://www.hhs.gov/hipaa/filing-a-complaint/>.

## NONDISCRIMINATION

Nanticoke Physician Network complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Nanticoke Physician Network cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.  
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-302-629-6611.

Nanticoke Physician Network konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.  
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-302-629-6611.



## Notice of Privacy Practices

(Effective Date: 01/16/2017)

### THIS NOTICE OF PRIVACY PRACTICES (“Notice”) DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**We understand that your health and health information is personal. We are committed to protecting your health information.**

**Please Review Carefully.** *If you have any questions about this Notice, you may contact our Chief Compliance Officer.*

#### Contact Information:

Chief Compliance & Risk Officer  
Nanticoke Memorial Hospital  
Nanticoke Physician Network  
801 Middleford Road  
Seaford, DE 19973  
Phone: 1-302-629-6611 ext. 2472

MSMC-1468-1-B (12/16)

The Nanticoke Physician Network (“NPN”) is required by law to maintain the privacy of a patient’s protected health information (“PHI”) and to provide you with the following Notice of our legal duties and privacy practices with respect to PHI. The NPN and its employees (“We”) are required to:

- Maintain the privacy of PHI.
- Provide you with this Notice of legal duties and privacy practice with respect to your PHI.
- Abide by the terms of this Notice.
- Notify you if we are unable to agree to an amendment or a requested restriction on how your information is used or disclosed.
- Accommodate reasonable requests you may make to communicate PHI by alternative means or at alternative locations.
- Obtain your written authorization to use or disclose your PHI for reasons other than payment, billing, operations or treatment, and/or as permitted under law.
- Provide a mechanism for you to request an amendment to your record.

## ORGANIZED HEALTH CARE ARRANGEMENTS

The NPN and its medical staff present this document to you as a joint Notice. Information will be shared by the NPN to health care providers as needed to carry out treatment, payment, and health care operations. Non-employee physicians and caregivers may have access to PHI in their offices to assist in reviewing past treatment since this may affect your present treatment.

## YOUR PERSONAL HEALTH INFORMATION

Your health information is contained in a medical record that is the physical property of MidSussex Medical Center (“MSMC”), Inc., doing business as the Nanticoke Physician Network. Each time you visit the NPN, a record of your visit is made. Typically this record contains your diagnosis, symptoms, examination and test results, treatment, location of future care or treatment, and billing related information. This Notice applies to all of the records of your care generated by the NPN.

## HOW NANTICOKE PHYSICIAN NETWORK MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

### Treatment:

We may disclose your PHI to provide you with medical treatment or services to individuals involved in your care at NPN (doctors, nurses, technicians, medical students, care coordinators, and Accountable Care Organization (“ACO”) participants). For example, a doctor treating you for a broken leg may need to know you have diabetes since diabetes may slow the healing process.

## HOW NANTICOKE PHYSICIAN NETWORK MAY USE OR DISCLOSE YOUR HEALTH INFORMATION (Continued)

### Treatment (Continued):

We may disclose health information about you to people outside of the NPN who provide medical care to you such as other doctors and nursing homes.

### Payment:

We may use or disclose health information about your treatment to bill and collect payment from you, your insurance company, or a third party payor. For example, we may use your health information to prepare a claim for payment if you have health insurance, and we will bill your insurance directly. We may also tell your health plan about treatment you are going to receive to determine if your plan will cover payment for the treatment.

### Health Care Operations:

Your health information may be used and disclosed for purposes of operating the NPN. These uses and disclosures are necessary to make sure that our patients receive quality care and cost effective services.

### Individuals Involved in Your Care:

We may disclose your PHI to people involved in your care, such as family members or friends, unless you ask us not to disclose your PHI. We may give your PHI to someone who helps pay for your care, with other health care professions, government representatives, or disaster-relief organizations such as the Red Cross during emergency or disaster-relief situations to coordinate disaster relief efforts and to provide a means for contacting family or friends.

## OTHER USE OR DISCLOSURE OF YOUR HEALTH INFORMATION

### Affiliated Covered Entity:

We may use and disclose your PHI with Nanticoke Memorial Hospital and other NPN affiliated facilities to carry out treatment, payment, and health care operations.

### Armed Forces Services:

If you are a veteran or active member of the military, your PHI may be used or disclosed as required by the Armed Forces Services.

### Business Associates of the NPN:

Business Associates provide services for the NPN through contracts. Employees of these companies are not NPN employees. When these services are contracted, we may disclose your PHI to our Business Associates so they can perform the job we have asked them to do and bill you or your third-party payor for services rendered.

## **OTHER USE OR DISCLOSURE OF YOUR HEALTH INFORMATION (Continued)**

### **Business Associates of the NPN (Continued):**

All Business Associates agree in writing to implement appropriate safeguards to protect the confidentiality of your PHI in accordance with privacy requirements.

### **Contact You for Information:**

Your PHI may be used to provide appointment reminders, information about treatment alternatives, or other health related benefits and services that may be of interest to you.

### **Coroners and Funeral Directors:**

We may disclose PHI to a coroner or medical examiner to identify a deceased person, determine cause of death, or permit the coroner or medical examiner to fulfill their legal duties. We may also disclose information to a funeral director.

### **Correctional Institutions of Inmates:**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI about you to the correctional institution or law enforcement official.

### **Fundraising:**

Only limited demographic information (i.e. name, address) may be used by the Nanticoke Health Services Foundation to solicit support for this organization. If you do not wish to be included, please advise the Chief Compliance Officer in writing.

### **Government Functions / National Security:**

Your PHI may be used or disclosed for specific government functions such as the protection of public officials, investigations, civil or criminal proceedings, or other security measures authorized by law.

### **Health Information Exchange (“HIE”):**

We participate in HIEs to facilitate the secure exchange of your electronic health information for treatment, payment, or other health care operations. We may share information with outside organizations such as hospitals, doctor offices, pharmacies, insurance companies, or other HIEs. We participate in the Delaware Health Information Network (“DHIN”), CommonWell, and Chesapeake Regional Information System for our Patients (“CRISP”). HIE participation allows us to exchange information so we can provide better treatment and coordination of health care services. You have the right to “opt out” of sharing of information through HIEs. If you do not wish to allow authorized physicians, nurses and individuals involved in your care to electronically share your PHI with one another, you can “opt out” of DHIN by completing a Non-Participation Form.

### **Health Information Exchange (Continued):**

Information regarding opting out of the DHIN is available at [www.DHIN.org/consumer](http://www.DHIN.org/consumer). Information regarding opting out of the CommonWell is available upon request by contacting the Chief Compliance Officer. You may “opt-out” of CRISP through their website at [www.crisphealth.org](http://www.crisphealth.org).

### **Law Enforcement:**

We may disclose your PHI in response to a court order, subpoena, warrant, summons, or similar process if authorized under state or federal law. We may disclose your PHI to identify or locate a suspect, fugitive, material witness, or missing person, or to obtain information about the victim of a crime or criminal conduct on our premises. We may disclose your PHI in emergency circumstances, to report a crime, the location of a crime, the victims, or the identity and the description or location of the person that committed the crime.

### **Legal Proceedings Required by Law:**

We may disclose your PHI in the course of any judicial or administrative proceeding or in response to a court or administrative order. We may also disclose your PHI in response to a subpoena discovery request, reporting of product failures, recalls, Centers for Medicare and Medicaid Services (“CMS”), Physician Review Organization (“PRO”), or Department of Health & Human Services Office of Civil Rights (“OCR”).

### **Organ/Tissue Donation:**

Your health information may be used or disclosed for cadaver, organ, eye, or tissue donation purposes.

### **Public Safety or Health Activities:**

We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of others, such as for the purpose of preventing or controlling disease, etc. We may disclose PHI to persons subject to the jurisdiction of the Food and Drug Administration for the purposes of product safety or effectiveness, and to report births, deaths, or other health oversight activities including audits, inspection, and licensure. We may disclose your PHI to report the abuse or neglect of children, elders, and dependent adults, or to report domestic violence.

### **Research:**

We may use or disclose your PHI for research if approved by an institutional review or privacy board in order to ensure the appropriate steps have been taken to protect the confidentiality of PHI.

### **Train Staff and Students:**

We may disclose your PHI to train staff and students.

### **Workers Compensation:**

Your PHI may be disclosed to comply with Workers Compensation laws and regulations.

## **OTHER USES OF PHI**

Your written authorization is required for most uses and disclosures of psychotherapy notes; use of PHI for marketing purposes; and for disclosures that constitute the sale of PHI. If you provide us permission disclose your PHI, you may revoke your permission at any time and we will no longer disclose your PHI for the reasons covered by your written authorization. You must revoke your permission in writing to the Chief Compliance Officer.

### **Required Uses and Disclosures:**

Under the law, disclosures must be made to you upon your request unless medically contraindicated, and when required by the Secretary of the Department of Health and Human Services to investigate or determine compliance with the Health Insurance Portability and Accountability Act (“HIPAA”).

### **Nondisclosure:**

It is our practice to disclose health care information to your health plan to obtain pre-approval of coverage and payment of services. If you wish to restrict items or services to your health plan, you must notify us in advance and the request must be in writing.

### **Requesting Restrictions:**

You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request, except when the request is for a restriction on disclosures to a health plan for services that you pay for out-of-pocket in full. In such cases we may be required to agree to your request if certain other conditions are met, such as an emergency. You must advise Registration of any restrictions or disclosures to a health plan at the time you self-pay for these services.

## **ADDITIONAL PROTECTION OF YOUR PERSONAL HEALTH INFORMATION**

Special state and federal laws apply to specific types of patient PHI. For example, protections may apply to information about sexually transmitted diseases, drug and alcohol abuse treatment records, genetic information and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

## **INCIDENTAL DISCLOSURES**

While we take reasonable steps to safeguard the privacy of your PHI, certain disclosures of your PHI may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your PHI, for example, during the course of treatment, other patients in the treatment area may see or overhear discussion of your health information.

## **YOUR HEALTH INFORMATION RIGHTS**

### **Right to Inspect and Copy:**

With some exceptions, you have the right to inspect and obtain a hard copy of your PHI maintained in your designated record set. If such information is maintained in electronic format, you have the right to a copy in an electronic format if readily producible in that format. We may charge a fee for a copy of the health record to include the associated cost of labor, mailing, or other supplies. We may deny your request in certain limited circumstances. If you are denied access, you may request a review of the denial.

### **Amend Your Record:**

If you believe the health information we have about you is incorrect or incomplete, you have the right to request that we amend the existing information. You must provide the request and your reason(s) for the request in writing to the Chief Compliance Officer. You will be notified in writing if your request is denied. You have the right to submit a written statement disagreeing with the denial, which will be appended or linked to the health information in question. If you are requesting that we amend your record because you believe that you are a victim of medical identity theft, we will use reasonable efforts to assist you in making corrections to your record that have been determined to be appropriate under the circumstances.

### **Request Confidential Communications:**

You have the right to request to receive communications of your PHI by alternate means or at alternate locations. For example, you may ask that we contact you at work or by the U.S. mail. Requests must be in writing and include a mailing address where you will receive bills for services rendered by the NPN and related correspondence regarding payment for services. We reserve the right to contact you by other means and other locations if you fail to respond to any communication from the NPN that requires a response.

### **A Paper Copy of This Notice:**

You have the right to a paper copy of this Notice. You may ask us to give you a copy at any time. If you have agreed to receive this Notice electronically, you may still request a paper copy at any time.

### **Postings and Changes to This Notice:**

We will post this Notice in the NPN offices and online at <http://www.nanticoke.org/privacy-policy> with the effective date. We reserve the right to change this Notice. A current copy will be provided to new patients and to established patients following a revision.