

DELAWARE CARDIOVASCULAR ASSOCIATES
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**

Effective Date: 9/23/2013 as revised on 09/08/2013

If you have any questions about this notice, please contact the HIPAA Privacy Officer of Delaware Cardiovascular Associates.

WHO WILL FOLLOW THIS NOTICE

This notice describes our group's practices and those of:

- Any physician or other healthcare professional authorized to enter information into your medical record at our facilities.
- All departments and units of the practice.
- Any member of a volunteer group we allow to help you while you are at one of our practice location(s).
- All employees, staff and other practice personnel.
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or practice operations purposes as described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our office location(s). We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Delaware Cardiovascular Associates. If you are hospitalized, your hospital may have different policies or notices regarding the hospital's use and disclosure of your medical information created in that hospital.

PHI includes your demographic information such as name, address, telephone number, and family; past, present, or future information about your physical or mental health or condition; and information about

the medical services provided to you, including payment information, if any of that information may be used to identify you. Your PHI may be maintained by us electronically and/or on paper.

This Notice describes uses and disclosures of PHI to which you have consented, that you may be asked to authorize in the future, and that are permitted or required by state or federal law. Also, it advises you of your rights to access and control your PHI.

We may amend this Notice of Privacy Practices and Policies periodically. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices or you may obtain a copy by accessing our website at www.decardio.com, by calling one of our offices, and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment. We will also post the Notice on our web site located at **www.decardio.com**.

We regard the safeguarding of your PHI as an important duty. The elements of this Notice and any authorizations you may sign are required by state and federal law for your protection and to ensure your informed consent to the use and disclosure of PHI necessary to support your relationship with Delaware Cardiovascular Associates.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Safeguarding PHI Within our Practice: We have in place appropriate administrative, technical, and physical safeguards to protect and to secure the privacy and security of your PHI. We orient our staff to the regulations and policies developed to protect the privacy of your PHI, and review their obligation to maintain privacy and security annually. We hold medical records in a secure area within our practice, and our electronic medical record system is monitored and updated to address security risks in compliance with the HIPAA Security Rule. Only staff members who have a legitimate "need to know" are permitted access to your medical records and other PHI. Our staff understands the legal and ethical obligation to protect your PHI and that a violation of this Notice of Privacy Practices and Policies may result in disciplinary action in accordance with our Human Resource policies.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- **For Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, doctors in training, nurses, students or other Delaware Cardiovascular Associates personnel who are involved in taking care of you at Delaware Cardiovascular Associates. We may also disclose medical information to coordinate and manage health care with a third party. We may also disclose medical information about you to

people outside the Delaware Cardiovascular Associates practice who may be involved in your medical care after you leave our practice.

- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at Delaware Cardiovascular Associates may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received so that your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. Please see page 7 for exception related to "**Right to Not Disclose information to Health Plan under special conditions.**"
- **For Healthcare Operations.** We may use and disclose medical information about you for our practice operations. These uses and disclosures are necessary to run Delaware Cardiovascular Health Services and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students, and other Delaware Cardiovascular Associates personnel for review and learning purposes. This may include review for potential inclusion for research studies. We may also combine the medical information we have with medical information from other health care providers (hospitals or practices) to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and healthcare delivery without learning the identities of specific patients. We may also share your health information with another company that provides business services for us. If so, we will have a written agreement that will require this company to protect the privacy of your health information.
- **Electronic Exchange of PHI.** We may transfer your PHI to other treating health care providers electronically. We may also transmit your information to your insurance carrier electronically.
- **For Delaware Health Information Network (DHIN).** We maintain membership with the DHIN, Delaware's first operational statewide Health Information Exchange. The DHIN maintains a safe and secure repository for clinical results, reports, and demographic and billing information that allows member health care providers access to health care information. The DHIN provides a statewide health information network that addresses Delaware's needs for timely, reliable and relevant health care information, and provides information on a strict need-to-know basis. To obtain more information on the numerous benefits including improved care, reduced time in obtaining record information, enhanced privacy, as well as information on opting-out of the program, you may contact the DHIN at www.dhin.org or by calling (302) 678-0220.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** Delaware Cardiovascular Associates does not anticipate being involved fundraising activities and therefore will not be contacting patients for that purpose.

- **Marketing Activities** The specific use and disclosure of any protected health information for marketing purposes and disclosures that constitute the sale of PHI require an authorization from you. We will not disclose any information for such purposes without your specific authorization.
- **Psychotherapy Notes:** Delaware Cardiovascular Associates does not anticipate generating psychotherapy notes, but if we need to maintain “psychotherapy notes”, those psychotherapy notes will only be used and disclosed with your authorization.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **Research.** In most cases, we will ask for your written authorization before using your medical information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your authorization to people who are preparing a research project or attempting to recruit research participants, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.
- **This practice and some of its physicians may be involved as a study site and serve as researchers in connection with certain clinical trials.** Our participation in the advancement of science and medicine may be of benefit to you as our clinicians often are aware of certain experimental treatments that may be available here and other select institutions, but which are not widely available elsewhere. However, in order to provide you with useful information concerning the availability to you of these treatments, we may review your medical record from time to time to determine whether you may be eligible to participate in certain studies in which you would then have access to certain experimental treatments. In certain instances, we believe it is consistent with our treatment of you to consider these kinds of options in connection with your care. Only our clinicians will review your medical record during these reviews and none of your protected health information will be disclosed to third parties without your specific authorization. If it is preliminarily determined that you may be eligible for such treatment and that such treatment may be beneficial to you, your doctor or a member of our staff will contact you with further information.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** We may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary so that these organizations may investigate whether donation or transplantation is possible under applicable laws.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.
- **Workers' Compensation.** We may release medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury, or disability;
 - To report deaths;
 - To report reactions to medications or problems with products; to notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **US Department of Health and Human Services:** We must disclose your PHI to you upon request and to the Secretary of the United States Department of Health & Human Services to investigate or determine our compliance with the privacy laws.
- **Disaster Relief Activities:** We may disclose your PHI to local, state or federal agencies engaged in disaster relief and to private disaster relief assistance organizations (such as the Red Cross if authorized to assist in disaster relief efforts).
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a valid court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process

by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a valid court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the facility; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients of the practice to funeral directors as necessary to carry out their duties upon the request of the patient's family.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.
- **Prisoners.** If you are a prisoner of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution; or (4) to obtain payment for services provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

HIPAA regulations require us to let you know that any other uses and disclosures not specified in the NPP require an authorization. Delaware Cardiovascular Associates is committed to obtaining an authorization from you if such a need to disclose arises for uses and disclosures not specified in the NPP.

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy (in either paper or electronic form) of any of your health information that may be used to make decisions about you and

your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the Office Manager at the Delaware Cardiovascular Associates location you normally visit. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request.

We ordinarily will respond to your request within 30 days if the information is located in our facility, and within 60 days if it is located off-site at another facility. If we need additional time to respond, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we deny part or all of your request, we will provide a written denial that explains our reasons for doing so, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. We will also include information on how to file a complaint about these issues with us or with the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice.

To request an amendment, your request must be made in writing and submitted to the Office Manager at the Delaware Cardiovascular Associates location you normally visit. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Officer c/o Office Manager at the Delaware Cardiovascular Associates location that you normally visit. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the practice's HIPAA Privacy Officer c/o Office Manager at the Delaware Cardiovascular Associates location that you normally visit. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Not Disclose information to Health Plan under special conditions.** You have the right to request us to restrict certain protected health information from disclosure to health plans you pay out of pocket, in full for the care and specifically request such a restriction.

To request restrictions, you must make your request in writing to the practice's HIPAA Privacy Officer c/o Office Manager at the Delaware Cardiovascular Associates location that you normally visit. In your request, you must tell us (1) what information you want to limit disclosure; and (2) to whom you want the limits to apply, for example, disclosures to a specific health plan or insurance carrier.

- **Right to Confidential Communications.** You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. We must accommodate your request, if it is reasonable. You are not required to provide us with an explanation as to the basis of your request. Contact the Privacy Officer c/o Office Manager at the Delaware Cardiovascular Associates location that you normally visit if you require such confidential communications.

- **Right to being Notified of a Breach.** You have the right to be notified when you are affected by any breach resulting in an unauthorized disclosure of your Protected Health Information.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice.

To obtain a copy of this notice, request a copy from the HIPAA Privacy Officer c/o Office Manager at the Delaware Cardiovascular Associates location that you normally visit in writing.

CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. [In addition, each time you visit our office for treatment or healthcare services, we will offer you a copy of the current notice in effect.]

COMPLAINTS

Within our Practice: If you believe your privacy rights have been violated, you may file a complaint with Delaware Cardiovascular Associates. To file a complaint with the practice, contact the Business Manager, Delaware Cardiovascular Associates, 1403 Foulk Road, Suite 101A, Wilmington, DE 19803. All complaints must be submitted in writing and need to contain a reasonable amount of detail to allow us to investigate a potential problem.

Outside our Practice: If you believe that Delaware Cardiovascular Associates is not complying with its legal obligations to protect the privacy of your PHI, you may file a complaint with the Secretary of the U.S. Department of Health & Human Services, Office of Civil Rights.

You will not be penalized for filing a complaint. We will not retaliate against you for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

Contact information for Delaware Cardiovascular Associates: Website: www.decardio.com

Administration Office: 1403 Foulk Rd, Suite 101A, Wilmington, DE 19803; Tel: 302-661-1661; Fax: 302-661-1001

North Wilmington Office: 1403 Foulk Rd, Suite 101, Wilmington, DE 19803; Tel: 302-661-7676; Fax: 302-661-1050

Christiana/Apex Office: 537 Stanton-Christiana Rd, Suite 105, Apex Medical Center, Newark, DE 19713; Tel: 302-993-7676; Fax: 302-633-5713

Bear Office: 121 Becks Woods Drive, Suite 200, Bear, DE 19701; Tel: 302-834-7676; Fax: 302-834-9202

Hockessin Office: 5936 Limestone Rd, Suite 202, Hockessin, DE 19707; Tel: 302-235-4100

Elkton Office: 300 E. Pulaski Hwy, Elkton, MD 21921; Tel: 443-945-9400; Fax: 443-245-0124

Dover Office: 1113 S. State St, Suite 100, Dover, DE 19901; Tel: 302-734-7676; Fax: 302-734-7615

Smyrna Office: 315 N. Carter Rd, Smyrna, DE 19977

Milford Office: 415 S. DuPont Hwy, Milford, DE 19963; Tel: 302-430-7676; Fax: 302-430-7670

Lewes Office: 34453 King St, Lewes, DE 19958; Tel: 302-644-7676; Fax: 302-644-4876

Ocean View Office: 92A Atlantic Ave, Ocean View, DE 19970; Tel: 302-537-7676; Fax: 302-537-7652