

Delaware Heart & Vascular, P.A.

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(302) 422-6129 Fax

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200 Banning Street, Suite 340
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315 North Carter Road
Smyrna, DE 19977
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NOTICE OF PRIVACY POLICY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU **THAT CAN BE IDENTIFIED WITH YOU** MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Delaware Heart & Vascular, P.A. is required, by law, to maintain the privacy and confidentiality of your protected health information (PHI) and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information. We may use and disclose your health care information in the following ways without specific authorization:

Treatment

Delaware Heart & Vascular, P.A. may disclose your PHI to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. Many of the people who work for us, including but not limited to our doctors and nurses, may use your PHI in order to treat you or to help others in your treatment. We may disclose your PHI to others who may assist in your care, such as healthcare providers outside of our practice, or to a spouse, child, or parent who is involved in your care. Examples are: *We could disclose your PHI if it is necessary to seek consultation regarding your condition from other health care providers associated with our practice. In the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation, without advance notice to you, we could disclose your PHI to a substitute health care provider for the purposes of assessment and treatment of our patients. We may disclose your PHI to a pharmacy when ordering a prescription for you, or to a laboratory when ordering lab tests to help us reach a diagnosis.*

Payment

Delaware Heart & Vascular, P.A. may disclose your health information to your insurance provider for the purpose of payment or health care operations. For example:

*We may contact your health insurer to certify that you are eligible for benefits and we may disclose your treatment plan to determine if your insurer will pay for your treatment. Our practice may submit an itemized billing statement to your insurance carrier for the purpose of payment for health care services rendered. If you pay for your health care services personally, we may provide an itemized billing to your insurance carrier for the purpose of reimbursement to you, **unless you request otherwise**. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received. If you request that your insurance not be notified of services that you have paid for out of pocket, we take every reasonable precaution to avoid their notification.*

Operations

Delaware Heart & Vascular, P.A. could use your PHI in our business operations. Operations are any activities that are necessary to run our business. We may use your PHI for the purposes of quality assessment, or to conduct cost management and business planning activities. Your PHI may be disclosed to other health care entities to assist them in their billing or health care business operations.

Business Associates

Delaware Heart & Vascular, P.A. may disclose your PHI to our business associates under a Business Associate Agreement. Examples of potential business associates include: *multiple vendors, answering services, transcription services, accounting services, billing and coding services, document shredding services, or attorney/legal services. Business Associates are HIPAA compliant and are equally accountable for protecting your privacy, and they must notify us immediately if your PHI becomes compromised.*

Workers' Compensation

Delaware Heart & Vascular, P.A. may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies

Delaware Heart & Vascular, P.A. may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, **Delaware Heart & Vascular, P.A.** may disclose your health information to public health authorities for maintaining vital statistics, for preventing or controlling disease, injury or disability, for reporting child abuse, neglect, or domestic violence, for reporting disease or infection exposure, or for reporting to the Food and Drug Administration problems with products and reactions to medications.

Judicial and Administrative Proceedings

Delaware Heart & Vascular, P.A. may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement

Delaware Heart & Vascular, P.A. may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, or for compliance with a court order or subpoena, or for other law enforcement purposes. We may disclose your PHI to police if they have a warrant. We may discuss your PHI with police if we believe we have evidence of a crime that occurred on our premises.

Deceased Persons

Delaware Heart & Vascular, P.A. may disclose your health information to coroners, medical examiners or funeral directors in order for them to carry out their duties. We may disclose your PHI to persons involved in your care or payment, unless it is contrary to your previously expressed preference.

Organ Donation

Delaware Heart & Vascular, P.A. may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research

Delaware Heart & Vascular, P.A. may disclose your health information to only researchers who are conducting research that has been approved by an Institutional Review Board and it has been determined that the disclosure poses no more than minimal risk to your privacy. Additional authorizations may be required.

Public Safety

Delaware Heart & Vascular, P.A. may disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies

Delaware Heart & Vascular, P.A. may disclose your health information for military, national security, prisoner and government benefits purposes.

Reminder Calls

Delaware Heart & Vascular, P.A. may contact you for appointment reminders. *As a courtesy to our patients we may call your home or cell phone prior to your scheduled appointment to remind you of your appointment time. If we call your home phone and you are not at home, we may leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment. If you have provided your cell phone number, the reminder message will be left on your voice mail if you do not answer.*

Change of Ownership

In the event that **Delaware Heart & Vascular, P.A.** is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request to this office in writing restrictions on certain uses and disclosures of your health information. You can ask that your PHI not be shared with certain individuals, groups or companies. You can request that your PHI only be shared with certain individuals. This practice is not required to agree, but if we do agree we are bound by this agreement except when it is required by law, in emergencies, or when it is required to treat you. In the case of a minor child, both parents, or the legal guardian may have access the child's PHI. A **court order** is needed to restrict parental access.
- You have the right to request that your health information is received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery.
- You have a right to request an amendment to your protected health information in writing. Please be advised, however, that our practice is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by our practice.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.
- You have the right to inspect and obtain a copy of your PHI including medical records and billing records, but not including psychotherapy notes, within 30 days of your written request. You may be charged a fee, as determined by Delaware State Code (Title 24 30.0) for the labor and supplies involved with copying. You may request an electronic copy of your record, or you may request electronic transmission of your record to a designated third party. This request must be made in writing. If this practice has the capability of producing an electronic format agreeable to you, it will be provided within 30 days. Otherwise a paper copy will be provided.
- Your specific authorization is required for use and disclosure of all information not included in this Notice of Privacy Practices. This includes, but is not limited to, psychotherapy notes, substance abuse treatment, genetic information, HIV/Aids testing or treatment, except as required by law. Authorization is also required for some marketing purposes, including the sale of PHI.

Breach of unsecured PHI

Delaware Heart & Vascular, P.A. will notify you of a breach of your PHI. A "Breach" is defined as unauthorized acquisition, access, use, or disclosure of your PHI which compromises the security or privacy of that information. We understand that breaches of personal information have the potential to cause reputational, physical, or financial harm. If there is reason to believe that your PHI is breached, our practice will conduct a thorough investigation and risk assessment. If after considering all of the factors our evaluation fails to demonstrate a low probability that your privacy has been compromised, we are required by law to notify you, and the U S Department of Health and Human Services in writing. Information provided will include details of the breach, the correctional actions taken by this practice, and any actions that you should take to protect yourself further.

Changes to this Notice of Privacy Practices

Delaware Heart & Vascular, P.A. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, our practice is required by law to comply with this Notice. We are required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact our practice's Privacy Officer by calling this office at **302-734-1414 ext. 12**. If the Privacy Officer is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your Privacy rights or about how **Delaware Heart & Vascular, P.A.** has handled your health information should be directed to our Privacy Officer by calling this office at **302-734-1414 ext.12**. If our Privacy Officer is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days. There will be no retaliation for the filing of a complaint.

If you are not satisfied with the manner in which **Delaware Heart & Vascular, P.A.** handles your complaint; you may submit a formal complaint to the Office of Civil Rights at the address below. Our Privacy officer can provide you with the correct form to file. You will not be retaliated against if you file a complaint to us, or to the Office of Civil Rights.

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

I have read the Notice of Privacy Practices and understand my rights contained in the notice. I acknowledge that I have received or have been given the opportunity to receive a copy of this Notice of Privacy Practices. I also understand that this practice has the right to change its Notice of Privacy Practices and that I may contact the office at any time to obtain a copy.

Patient's Name or Representative (print)

Patient's or Representative's Signature

Date

Revised 5/22/2013