

## **Notice of Privacy Practices for Delmarva Prosthodontics, P.A.**

**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.**

Delmarva Prosthodontics, 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**

Delmarva Prosthodontics, 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**

Delmarva Prosthodontics, P.A. may disclose your PHI 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 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 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 out of pocket, we take every reasonable precaution to avoid their notification.

### **Operations**

Delmarva Prosthodontics, 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 activities. Your PHI may be disclosed to other health care entities to assist them in their billing or health care business operations.

### **Business Associates**

Delmarva Prosthodontics, 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, billing, coding, document shredding services, or attorney/legal services. Business Associates and their sub-contractors are required to be HIPAA compliant and are equally duty bound to be accountable for protecting your privacy, and they must notify us immediately if your PHI becomes compromised. Business Associates and their subcontractors are subject to criminal and civil penalties for non-compliance with HIPAA law.

### **Workers' Compensation**

Delmarva Prosthodontics, P.A. may disclose your PHI as necessary to comply with State Workers' Compensation Laws.

### **Emergencies**

Delmarva Prosthodontics, P.A. may disclose your PHI 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, Delmarva Prosthodontics, P.A. may disclose your PHI 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**

Delmarva Prosthodontics, P.A. may disclose your PHI in the course of any admin. or judicial proceeding.

### **Law Enforcement**

Delmarva Prosthodontics, P.A. may disclose your PHI 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**

Delmarva Prosthodontics, P.A. may disclose your PHI 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.

### **Public Safety**

Delmarva Prosthodontics, 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**

Delmarva Prosthodontics, P.A. may disclose your PHI for military, national security, prisoner and government benefits purposes.

### **Marketing or Fundraising**

Delmarva Prosthodontics, P.A. may contact you for marketing purposes or fundraising purposes as described: *As a courtesy to our patients we may call your home prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we may leave a reminder*