

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

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. At times, our practice may be asked to contact you on behalf of a drug or medical equipment company regarding products that may be beneficial to your treatment. We will provide you the details of the product and our arrangement with the company, as well as information on how you can opt out of further marketing communications. Sale of your PHI without your prior consent is prohibited.

Our practice may participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, postcard, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. We will also provide you with information on how you can opt out of further fundraising communications. It is not our policy to disclose any personal health information about your condition for the purpose of fundraising events.

Change of Ownership

In the event that Delmarva Prosthodontics, 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 child's legal guardian may have access to the child's PHI. A court order is needed to restrict parental access.
- *You have the right to request that your PHI 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 the right to request an amendment to your PHI in writing. Please be advised, however, that our practice is not required to agree to amend your PHI. 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 the right to receive an accounting of all non-routine disclosures of your PHI made by our practice.
- * You have the 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 records 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

Delmarva Prosthodontics, 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 reputation, physical, or financial harm. If there is a 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

Delmarva Prosthodontics, P.A. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make new provisions effective for all information that it maintains. Until such amendment is made, our practice is required by law to comply with 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 any 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 (302-674-8331). If the Privacy Officer is not available, you may make an appointment for a personal conference in person or telephone within 2 working days.

Complaints

Complaints about your Privacy rights, or about how Delmarva Prosthodontics, P.A. has handled your health information should be directed to our Privacy Officer by calling this office at (302-674-8331). If our Privacy Officer is not available, you may make a request for a personal conference in person or by telephone and receive an appointment 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 Delmarva Prosthodontics, 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