

Urologic Surgical Associates of Delaware

Specializing in Robotic Surgery

NOTICE OF PRIVACY POLICY

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this by Notice of our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law.

USES AND DISCLOSURES OF PRIVATE HEALTH INFORMATION (PHI)

We use and disclose health information about you for treatment, payment activities and healthcare operations.

HEALTHCARE OPERATIONS

We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, review the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

YOUR AUTHORIZATION

In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorization to use your health information or to disclose it to other individuals for any purpose. Authorization may be revoked at any time upon receipt of written notice. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Until you give us a written authorization we cannot use or disclose your health information for any reason except those described in this Notice.

TREATMENT

Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you. Many of the people that work in our practice, including, but not limited to, our doctors and medical assistants, may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as a spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

PAYMENT

Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurance provider to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurance provider with details regarding your treatment to determine if your insurance will cover, or pay for, your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for payment such as family members. We may use your PHI to bill you directly for service items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

TREATMENT OPTIONS

Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

RELEASE OF INFORMATION TO FAMILY/FRIENDS

Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a childcare provider take their child to the pediatrician's office for treatment of a cold. In this example, the childcare provider may have access to this child's medical information.

DISCLOSURES REQUIRED BY LAW

Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

USE AND DISCLOSURE OF YOUR PHI IN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use your health information:

PUBLIC HEALTH RISKS:

Our practice may disclose your PHI to public health authorities that were authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with or recalls of products or devices
- Notifying appropriate government agencies or authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information with patient concurrence or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

HEALTH OVERSIGHT ACTIVITIES

Our practice may disclose your PHI to a health oversight agency for activities authorized by law. These activities may include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government programs, compliance with civil rights laws and the health care system in general.

LAWSUIT AND SIMILAR PROCEEDINGS

Our practice may use and disclose your PHI in response to a court or administrative order, if you're involved in a lawsuit or similar proceedings. We may also disclose your PHI in response to a discovery request, subpoena or other law process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

LAW ENFORCEMENT

We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our office
- In response to a warrant, summons, court order, subpoena or similar legal process

- To identify/locate a suspect, material witness, fugitive, or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator.

SERIOUS THREATS TO HEALTH OR SAFETY

Our practice may use and disclose your PHI when necessary to reduce a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to prevent the threat.

MILITARY

Our practice may disclose your PHI if you are member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

NATIONAL SECURITY

Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state or to conduct an investigation.

INMATES

Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or in the custody of a law enforcement official. Disclosure for these purposes would be necessary for a) the institution to provide health care services to you b) the safety and security of the institution, and/or c) to protect your health and safety and that of others.

WORKER'S COMPENSATION

Our practice may release your PHI for worker's compensation and similar programs.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION (PHI)

1) CONFIDENTIAL COMMUNICATIONS

You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than at work. In order to request a type of confidential communication, you must make a written request to Urologic Surgical Associates of Delaware specifying the requested method of contact or the location where you wish to be contacted. Our practice will accommodate reasonable requests. It is not necessary to provide a reason for your request.

2) REQUESTING RESTRICTIONS

You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Urologic Surgical Associates of Delaware. Your request must be described in a clear and concise manner and include the following:

- The information you wish to be restricted
- Whether you are requesting to limit our practice's use, disclosure or both
- To whom you want the limits to apply.

3) INSPECTION AND COPIES

You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to Urologic Surgical Associates of Delaware in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the cost of copying, mailing, labor and supplies associated with your

request. Our practice may deny your request to inspect and/or copy your PHI in certain circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4) **AMENDMENT**

You may ask to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be in writing and submitted to Urologic Surgical Associates of Delaware. You must provide a reason that supports your request for an amendment. Our practice will deny your request if you fail to submit your request in writing. Also, we may deny your request if you ask us to amend information that is a) accurate and complete b) not part of the PHI kept by or for the practice c) not part of the PHI which you would be permitted to inspect and copy, or d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5) **ACCOUNTING OF DISCLOSURES**

All of our patients have the right to request an “accounting of disclosures.” An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented. Examples of these are the doctor sharing information with the medical assistant, or billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Urologic Surgical Associates of Delaware. All requests for an “accounting of disclosures” must state a time period, which may be longer than six (6) years from the date of disclosure and may not include dates prior to April 14, 2003. The first list you request within a twelve month period is free of charge, but our practice may charge you for additional lists within the same twelve month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before any costs are incurred.

6) **RIGHT TO FILE A COMPLAINT**

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact our office manager at 302.571.8958. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

7) **RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES**

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: We are required to retain your records of your care.

If you have any questions regarding this notice or our health information privacy policy, please contact our Office Manager at 302.571.8958.