



**DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

**Notice of Health Information 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.

**Understanding Your Health Record/Medical Information**

The Division of Developmental Disabilities Services provides services and supports to individuals with mental retardation and other related developmental disabilities. Once you become eligible for services and supports, a record of the service provided to you is made. Typically, this record contains examination and test results, evaluations, diagnoses, and the level of your disability, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care and service you received
- means by which you or a third party payer can verify that services billed were actually provided
- a tool in educating health professionals;
- a source of data for medical research;
- a source of information for public health officials charged with improving the health of the nation;
- a source of data for facility planning and
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where and why others may access your health information
- make more informed decisions when authorizing disclosure to others.

## **Your Health Information Rights:**

Although your health record is the physical property of the Division of Developmental Disabilities Services, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522
- obtain a paper copy of the notice of information practices upon request
- inspect and copy your health record as provided for in 45 CFR 164.524
- request an amendment to your health record as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your health information as provided in 45 CFR§ 164.528
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## **Our Responsibilities:**

The Division of Developmental Disabilities Services is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

We will not use or disclose your health information without your written authorization, except as described in this notice. You may revoke your authorization in writing except to the extent that we have already acted on your release.

## **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact **Adele Mears Wemlinger, Privacy Officer at 302.934.8031 x 203.** If you believe your privacy rights have been violated, you can file a complaint with **Adele Mears Wemlinger, Privacy Officer** or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

## **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment. For example:* Information obtained by a nurse, physician, case manager, behavior analyst, social worker or other member of your healthcare team will be recorded in your record and used to determine the course of treatment and service that should work best for you. Your TEAM will document in your record the expectations and plans of your care as well as actions they took and their observations. In that way the TEAM will know how you are responding to service and treatment.

We will also provide your physician, contractual or subsequent healthcare provider with copies of various reports that should assist him/her in treating you or providing services.

*We will use your health information for payment. For example:* In order to receive reimbursement, billing information will be sent to a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, type of services you receive, care rendered, personal financial information, procedures and supplies used.

*We will use your health information for regular health operations. For example, but not limited to:* Members of the medical and nursing staff, quality assurance department, social service, psychology or therapy staff or contractors, Human Rights Committee, PEER Review of Behavior Management, financial unit, budget office, day programming, case management, direct care staff, or members of your TEAM may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

## **Other Uses or Disclosures**

*Business Associates:* There are some services provided in our organization through contacts with business associates. Examples include physician services, family support specialists, contractual provider agencies, therapy services and day programs. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

*Public Health:* We may disclose your protected health information to public health authorities for the following reasons including: 1) when they are authorized by law to collect or receive this information for the purpose of controlling or preventing disease, injury or disability (such as vital statistics); 2) when individuals have contracted or been exposed to communicable disease as authorized by law; 3) to public health or other government authorities authorized to receive reports of child abuse and neglect.

*Victims of Abuse, Neglect or Domestic Violence:* There may be situations when we may disclose protected health information to appropriate government authorities if we believe that you are a victim of abuse, neglect or domestic violence.

*Health Oversight Activities:* There may be situations when we may disclose your protected health information for the purpose of health oversight activities. Such activities may include situations such as licensing activities and administrative, civil and criminal investigations.

*Judicial and Administrative Proceedings:* We may disclose your protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurance regarding notice to the individual or a protective order are provided.

*Law Enforcement Purposes:* We may disclose your protected health information to law enforcement officials in limited situations such as 1) as required by law (including court orders court ordered warrants, subpoenas) and administrative requests; 2) to identify or locate a suspect, fugitive, witness or missing person; 3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; 4) to alert law enforcement of a person's death if it is believed that the death was caused by criminal activity; 5) when we believe that the protected health information is evidence of a crime; 6) in a medical emergency, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims and the perpetrator of the crime.

*Medical Examiners and Funeral Directors:* Protected health information may be disclosed to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death and perform other functions authorized by law.

*Tissue Donation:* Protected health information may be used or disclosed to facilitate the donation and transplantation of cadaveric organs, eyes and tissue.

*Research:* We may use or disclose protected health information for research when the research has been approved by the DHSS Human Subjects Review board after having reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

*To Avert Serious Threat to Health or Safety:* We may disclose protected health information if it is believed that it is necessary to prevent or lessen a serious and imminent threat to a person or the public and when such a disclosure is made to a person who is believed to be able to lessen or prevent the threat.

*Specialized Government Functions:* Protected health information may be released for military, national defense and security and other special government functions. Disclosure of PHI may also be made to protect the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.

*Worker's Compensation:* We may disclose protected health information as authorized by, and to comply with, worker's compensation laws and other similar programs providing benefits for work-related injuries or illnesses.

*Clergy:* Unless you notify us that you object, your name, location within the Division, general condition, and religious affiliation may be provided to members of the clergy.

*Notification:* Unless you notify us that you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication with Family:* Health professionals, using their best judgment, may disclose to a family member, other relative, substitute decision maker or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Reminders:* Unless you notify us that you object, we may disclose information to a family member, personal representative or another person involved in your care to remind you of a scheduled transportation and appointments.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that they have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Effective Date: April 14, 2003