

[ The Pearl Clinic, LLC ]

## Notice of Privacy Practices

Effective Date: 4/01/03 Current Revision: 07/01/13

**This Notice describes how medical information about you may be used and disclosed and how you may obtain access to this information. Please read it carefully. This Notice reflects the privacy practices for [The Pearl Clinic, LLC], hereto referred to as the Practice.**

[The Pearl Clinic, LLC]

If you have any questions about this Notice, please contact the Practice’s Designated Privacy Official at

302-648-2099

### Who is this Notice intended for?

The Privacy Practices described in this Notice are followed by our team members at the Practice and any affiliated sites, the members of the medical practices who are affiliated with the Practice by contractual agreement, as well as certain other contracted business entities. As an organized health care arrangement, we may jointly use and disclose confidential health information as is necessary for your treatment, for obtaining payment, and for carrying out internal operations, such as evaluating the quality of care that you receive. Covered by this Notice are:

- Any health care professional authorized to enter information into your Health Information Management, including members of our medical and consulting staff;
- All team members working at the Practice and at all departments, units, and any medical centers or affiliated sites;
- All health care professionals associated with the medical practices who are affiliated with the Practice by contractual agreement; and
- Certain contracted Business Associates who perform health care services on the Practice’s behalf.

### Our pledge to you:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Practice which we need to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Practice. We are required by law to:

- Describe your rights and certain obligations we have regarding the use & disclosure of medical information;
- Keep medical information about you private;
- Give you this Notice of our legal duties and privacy practices with respect to your medical information;
- Notify you following the breach of any unsecured Protected Health Information;
- Follow the terms of the Notice that is currently in effect.

### What if the Practice makes changes to its privacy practices?

We reserve the right to make revisions or changes to this Notice, effective for medical information we already have about you as well as any information we receive in the future. On your visit to the Practice, you will be offered a copy of this Notice and will be asked to acknowledge your receipt in writing. In addition, each time you register at or are admitted to the Practice for treatment or health care services, we will ask you if you have yet received the most current Notice. [ We will also post the Notice on our web site located at [www.pearlclinicllc.com](http://www.pearlclinicllc.com) which will include any material changes as well as information on how to obtain a copy of the Notice. ]

## How does the Practice use or disclose your medical information?

The following categories describe different ways in which we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories:

**For Treatment** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, clinical students, or other personnel who are involved in taking care of you at the Practice. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

**For Payment** We may disclose medical information about you so that the treatment and services you receive at the Practice may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery.

**For Health Care Operations** We may use and disclose medical information as necessary to run the Practice and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may send medical data to other health care organizations and agencies for the purpose of comparing patient data to improve treatment methods. We will remove certain information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**For Communications** We may contact you for appointment reminders or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you. We may also contact you as part of our fundraising efforts. If you do not wish to receive fundraising information, you may contact us at (###) ###-#### for instructions on how to opt out of future mailings.

**For Delaware Health Information Network (DHIN)** We maintain membership with the DHIN, Delaware's first operational statewide Health Information Exchange. The DHIN maintains a safe and secure repository for clinical results, reports, and demographic and billing information that allows member health care providers access to health care information. The DHIN provides a statewide health information network that addresses Delaware's needs for timely, reliable and relevant health care information, and provides information on a strict need-to-know basis. To obtain more information on the numerous benefits including improved care, reduced time in obtaining record information, enhanced privacy, as well as information on opting-out of the program, you may contact the DHIN at [www.dhin.org](http://www.dhin.org) or by calling (302) 678-0220.

In addition to the disclosures listed above, we may also disclose medical information about you to disaster relief authorities so that your family can be notified about your condition, status, and location.

## What are the circumstances where parts of your medical record may be released without your specific authorization?

**Federal, State, or Local Law** We will disclose medical information about you when required to do so by federal, state, or local law.

**Health and Safety** We may use and disclose medical information about you when necessary to prevent a serious threat to your health, your safety, or to the health and safety of the public or another person.

**Organ Donation** As a potential organ donor, we may release medical information to an organization that handles organ or tissue transplantation or to an organ donation bank.

**Military Member or Veteran** If you are a member or veteran of the armed forces, we may release medical information about you as required by military command authorities.

**Workers' Compensation** We may release medical information about you for Workers' Compensation benefits for any work-related injuries or illness.

**Public Health Authorities** We may disclose medical information about you to public health authorities for the purpose of:

- Reporting, preventing or controlling disease or injuries;
- Reporting births and deaths, child abuse or neglect, any reactions to medications or problems with products;
- Notifying people of recalls of products they may be using;
- Notifying people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- Notifying the appropriate government authority if we believe a patient has been the victim of abuse or neglect.

**Health Oversight Agencies** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure.

**Lawful Needs** We may disclose medical information about you in response to a subpoena, discovery request, or other lawful process involved in a dispute; however, only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may release medical information if asked to do so by a **law enforcement official**:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person; or
- For inquiries about a victim of a crime or criminal conduct that may have involved someone's death.

**Coroners, Examiners, or Funeral Directors** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Practice to funeral directors as necessary to carry out their duties.

**Federal Requirements** We may release medical information about you to authorized federal officials if required for intelligence, counterintelligence, and other national security activities authorized by law.

**Correctional Institutions** We may disclose your health information to correctional institutions or to the custody of a law enforcement official if you are an **inmate**. Disclosure for these purposes would be necessary:

- For the institution to provide health care services to you;
- To protect your health and safety or the health and safety of others; or
- For the safety and security of the correctional institution.

**Research Purposes** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects are subject to a strict approval and oversight process that evaluates the project focusing on the needs of the research as well as the need for patient privacy. Only de-identified information may be used, subject to approval of a Review Board, which may include your age, city that you live in, and similar generalized information. We may allow persons to review your health information in preparation for a research project, with the understanding that the health information reviewed does not leave our premises.

**Written Permission** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made *only* with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons you have specified. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## **What are your Privacy Rights as a patient?**

You have the following rights regarding medical information that we maintain about you:

**You have the right to look at or get a copy of medical information**, which we use to make decisions about your care, in most cases, when you submit a written request to the Practice. We will respond to your request between thirty (30) and sixty (60) days unless a shorter timeframe is required by law. Should there be the need for a delay that exceeds thirty (30) days, we will provide you with a written notice both explaining the reason for the delay and the expected date by which the request will be completed. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If we deny your request to inspect and copy your records, which may occur in certain very limited circumstances, you may request that the denial be reviewed by another licensed health care professional chosen by the Practice. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**You have the right to request that we amend your records** if you believe that information in your medical record is incorrect or if important information is missing. You can request this by submitting a written request to the Practice that provides your reason for the amendment. We may deny your request if the information was not created by us; if it is not part of the medical record maintained by us; if the record is not part of the information which you would be permitted to inspect and copy; or if we determine that the record is accurate. You may appeal a decision by us not to amend a record.

**You have the right to a list of instances where we have disclosed medical information about you**, also called an "accounting of disclosures." Typically these are accesses of your medical information made for reasons other than for treatment, payment, and health care operations, and are without your written authorization. To request an accounting of disclosures, you must submit a written request to the Practice. Your request must state a time period that may not exceed seven (7) years from the date of request. Your request should indicate in what form you wish to receive the list, such as on paper or electronically.

**You have the right to request that your medical information be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying the Practice in writing of the specific way or location for us to use to communicate with you. Your written request must specify how or where you wish to be contacted, and we must consider your request to be reasonable. Please note that we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response.

**You may request, in writing, that we not use or disclose medical information about you** for treatment, payment, or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure, or both; and, to whom you want the limits to apply, for example, disclosures to your spouse.

We will consider your request but we are not legally required to accept it. If we do agree, we will comply with your request unless your information is needed to provide emergency treatment to you.

**You have the right to a paper copy of this notice**. You may ask us to give you a copy of this notice at any time. Even if you have received this notice electronically, you are still entitled to a paper copy of this notice.

### **What if you feel that your Privacy Rights have been violated in any way?**

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may file a grievance with the Practice or with the Secretary of the U.S. Department of Health and Human Services at [www.hhs.gov](http://www.hhs.gov). You will not be penalized for filing a complaint.