

Davenshire Medical Center
3740 Carlisle Road
Dover, PA 17315

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other health information used or disclosed by us in any form are kept properly confidential. This Act gives the patient significant rights to understand and control how your health information is used.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information, and how we may use and disclose your health information for treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers, either directly or indirectly.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization reviews.
- **Health care operations.** Including the business aspect of running our practice, such as conducting quality assessments and improvement activities, auditing, cost-management analysis, and customer service.
- **Law Enforcement.** We may disclose your protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process.
- **National Security and Intelligence Activities.** We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.
- **Inmates.** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary. This is to provide you with health care, or to protect your health and safety or the health and safety of others.
- **Research.** We may disclose your protected health information to researchers when the individual identifiers have been removed.
- **Coroners, Medical Examiners, and Funeral Directors.**
- **Substance Use Disorder Records (42 CFR Part 2).** If we receive or maintain any information from a substance use disorder treatment program that is covered by 42 CFR Part 2 and that information is provided with your consent, we may use and disclose your information for the payment and operations of the health plan as permitted by law. For example, we may use this information to process claims for covered services. We will not use or disclose your information related to a 42 CFR Part 2 substance use disorder treatment program, or testimony related to such program, in civil, criminal, administrative, or legislative proceedings against you unless we receive written consent or a court order.
- **Military and Veterans.** If you are a member of the armed forces, we may release your protected health information as required by military command authorities.

- **Health Oversight Activities.** For example, audits, inspections, and licensure. These activities are necessary for the government to monitor the health care systems, government programs, and compliance with civil rights laws.
- **Public Health Risks.** To prevent or control disease, to report births and deaths, to report child abuse or neglect, reporting reactions to medications or problems, notifying people of recalls of products they may use, notifying a person who may have been exposed to a disease, notifying the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.
- **Government Audits.** We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Additionally, we may contact you or leave a message at your designated phone number or with a family member, unless notified in writing by you to do otherwise, to remind you of an upcoming appointment or leave a brief message to call our office to receive test results or continuing treatment information.

Your medical records will only be given to others with your written authorization and you may revoke such authorization in writing at any time. You have the following rights with respect to your protected health information, which you can request in writing to our Privacy Officer at the above address.

- The right to request restrictions on certain health information, including those related to discussion of information with family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a request restriction if we do not feel it is in the patient's best interest for medical care and treatment.
- If we do agree to a restriction, then we must comply by it unless you agree in writing to remove the said restriction.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations. (IE at work, letter sent by mail, etc.)
- The right to request in writing to inspect and copy your protected health information.
- The right to request in writing to amend your protected health information.
- The right to request in writing a list of disclosures of your protected health information.
- The right to receive a copy or additional copies of this notice.

Please feel free to ask us any questions regarding this notice. We also have the right to update, modify or change this notice, as required by law. We will notify our patients if any updates, modifications, or changes do take place.

We pledge to our patients that our staff will continuously be educated and that any staff violating the HIPAA requirements and law will be disciplined, which could include termination of employment.