



HIPAA NOTICE of PRIVACY PRACTICES Your Information, Your Rights, Our Responsibility

This notice describes how health information about you may be used and disclosed and how you can get access to this information. This notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The notice also describes the privacy rights you have and how you can exercise those rights. This notice is effective January 1, 2017.

If you have any question about this notice, please contact the business manager at 302-883-3677.

OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

- For Treatment, For Payment, For Health Care Operations
- Appointment Reminders, Treatment Alternatives and Health Related Benefits
- Individuals involved in your Care or Payment for Your Care

Special Situations

- As Required by Law, Lawsuits and Disputes
- Public Health Risks, Health Oversight Activities, Coroners, Medical Examiners and Funeral Directors
- Business Associates, Military and Veterans
- Workers Compensation
- Data Breach Notifications Purposes
- Law Enforcement, National Security and Intelligence Activities, Inmates or Individuals in Custody

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

- Individuals Involved in Your Care or Payment for Your Care
- Disaster Relief

Your Written Authorization is Required for Other Uses and Disclosures

- Uses and disclosures of Protected Health Information for marketing purposes; and
- Disclosures that constitute a sale of your Protected Health Information

YOUR RIGHTS

- Right to Inspect and Copy your Health Information by making your written request.
- Right to an Electronic Copy of Electronic Medical Records
- Right to Get Notice of a Breach
- Right to Amend
- Right to Request Restriction
- Right not to disclose to health insurance for out of pocket payments
- Right to a Paper Copy of this notice.

Any request should be made written addressed to the Mercy Care for Women's Health,
Attn : Business Manager, 819 S. Governors Ave., Dover DE 19904.

We may charge a fee for the service requested.

CHANGES to this NOTICE

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as information we receive in the future. We will post a copy of our current notice at our office.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office.