



## Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

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.**

### Your Rights.

1. **Get an electronic or paper copy of your health record.**
  - a. You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. Submit a request in writing to Quality Assurance Specialist.
  - b. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
  - c. Certain information will not be made available for inspection and copying. This includes health information collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding.
  - d. In very limited circumstances we may deny your request to inspect and copy your health information. If we do, you may request that the denial be reviewed.
2. **Ask us to correct your health record.**
  - a. You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be submitted in writing to the Quality Assurance Specialist.
  - b. We may deny your request, but we will tell you why in writing within 60 days.
3. **Get a list of those with whom we've shared information.**
  - a. You can ask for a list of the times (accounting) we have shared your health information for [six years](#) prior to the date you ask, who we shared it with, and why.
  - b. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another within 12 months.
4. **Get a copy of this privacy notice.** You can ask for a copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
5. **Choose someone to act for you.**



- a. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - b. We will make sure the person has this authority and can act for you before we take any action.
6. **File a complaint if you feel your rights are violated**
- a. You can complain if you feel we have violated your rights by contacting us using the information on the last page of this notice.
  - b. You can file a complaint with the U.S. Dept. of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., S.W., Washington, D. C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
  - c. We will not retaliate against you for filing a complaint.

### **Your Choices.**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

1. **In these cases, you have both the right and choice to tell us to:**
  - a. Share information with your family, close friends, or others involved in your care
  - b. Share information in a disaster relief situation
  - c. Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

2. **In these cases we never share your information unless you give us written permission:**
  - a. Marketing purposes
  - b. Sale of your information
  - c. Most sharing of clinical or other notes relating to direct service
3. **In the case of fundraising:** We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Our Uses and Disclosures.**



We typically use or share your health information in the following ways:

1. **To provide services to you:** We can use your health information and share it with other professionals who are treating you. *For example*, we might share your information with billing companies, data processing companies, or companies that provide general administrative services.
2. **To bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities. *For example*, we give information about you to state agencies that reimburse us for services we provide to you; we may also share your health information to state agencies for various payment related purposes such as eligibility determination.
3. **To operate our organization:** We can use and share your health information to improve your care, and contact you when necessary. *For example*, we use health information about you to manage your services.

**Other ways we can use or share your health information.**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

1. **To comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
2. **To help with public health and safety issues:** We can share health information about you for certain situations such as: preventing disease, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.
3. **Work with a medical examiner or funeral director:** We can share health information to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
4. **To do research:** We can use or share your information for health research.
5. **To address workers' compensation, law enforcement and other government requests:** We can use or share health information about you:



- a. For worker's compensation claims
  - b. For law enforcement purposes or with a law enforcement official
  - c. With health oversight agencies for activities authorized by law
  - d. For specific government functions such as military, national security, and presidential protective services
6. **To respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
7. **Other uses of your health information:** Other uses and disclosures of your health information which are not covered by this notice and are legally permitted *will only be made with your written approval*. You or your legally authorized representative may revoke that approval, in writing, at anytime, unless we have acted on the request or if the approval was used to acquire your Long-Term Care Insurance coverage. You should understand that we will not be able to take back any disclosures we have already made with authorization.

#### **Our Responsibilities.**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to this notice:** We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for personal health information we already have about you as well as any personal health information we receive in the future. The effective date of this notice and any revised or changed notice may be found on the last page of this notice. You will receive a copy of any revised notice from Autism Delaware.



**Effective date:** The effective date of this Notice of Privacy Practices is April 1, 2022

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