

Notice of Privacy Practices

Effective: August 2014

Privacy Office: Cindy Veller, Practice Manager
cindy@wlfcrksurgeons.com

Your Information. Your Rights. Our Responsibilities.

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.**

Wolf Creek Surgeons cares about our patients' privacy and strives to protect the confidentiality of your medical information. We are required to issue this Notice of our Privacy Practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this Notice, please contact the Privacy Officer at this practice.

Wolf Creek Surgeons

103 Wolf Creek Blvd, #1

Dover, De 19901

302-678-DOCS (3627)

www.wolfcreeksurgeons.com

Your Rights

When it comes to your health information, you have certain rights.

Getting copies of your medical records: You can see or get an electronic or paper copy of your medical record. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Requesting corrections to your medical records: You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Requesting confidential communication: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Requesting limitations of use or sharing of health information: You can request how we use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. You can get a list (accounting) of those with whom we’ve shared information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care 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 one within 12 months.

Get a copy of this privacy notice: You may have a copy of this Privacy Notice at any time.

Choosing someone to act for you: 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. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated: You can complain if you feel we have violated your rights by contacting the Privacy Officer noted at the beginning of this communication using the information. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you in any way 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. In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in your care; Share information in a disaster relief situation (*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*).

Our Uses and Disclosures

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Treating you, operating our practice and billing: We can use your health information and share it with other professionals who are treating you. We can use and share your health information to

run our practice, improve your care, and contact you when necessary. We can use and share your health information to bill and get payment from health plans or other entities.

Public Health and Safety Issues: 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. We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone’s health or safety. We can use or share your information for health research.

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. We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Addressing workers’ compensation, law enforcement, and other government requests: We can use or share health information about you for workers’ compensation claims, law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law or special government functions such as military, national security, and presidential protective services

Responding 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.

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.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you as well as any information we receive in the future. The new notice will be available upon request, in our office, and on our web site. A copy of this Notice will be available in our office at all times, on our website at www.wolfcreeksurgeons.com.

Who Will Follow This Notice

Any healthcare professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice. All subsidiaries (i.e. a billing service), sites or locations of this medical practice. Except where treatment is involved, only the minimum necessary information need to accomplish the task will be shared.