



Notice of Privacy Practices

This notice describes how medical information about you or your child may be used and disclosed and how you can get access to this information. Please review this notice carefully.

If you have any questions about this Notice, please contact:

Privacy Officer
Delaware Guidance Services
31168 Learning Lane
Lewes, DE 19958
302-645-5338

UNDERSTANDING YOUR HEALTH INFORMATION

We understand that information about your treatment and related health care services is personal. We are committed to protecting health information about you. Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how DGS may use and disclose your PHI in accordance with applicable law and Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), DGS is required to maintain the privacy of PHI and to provide you with notice of any legal duties and privacy practices with respect to PHI. DGS is required to abide by the terms of this Notice of Privacy Practices.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe the ways that we use and disclose health 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 into one of the categories.

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors and other treatment team members.

For example, a doctor treating you for a mental health condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed for you. DGS also may share mental health information about you in order to coordinate the different things you need. We also may disclose mental health information about you to people outside of DGS who may be involved in your medical or mental health treatment after you



discharge services with DGS, such as physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you.

For Payment. We may use and disclose health information about you so that the treatment and services you receive at DGS may be billed to and payment may be collected from you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you.

For example, we may need to give information about treatment you received at DGS to your health plan so it will pay us or reimburse you for the treatment. We may also tell your health plan about a medication you are going to receive to obtain prior approval or to determine whether your plan will cover the medication. However, we cannot disclose information to your health plan for payment purposes if you ask us not to, and you pay for the services yourself.

For Health Care Operations. We may use and disclose health information about you for our day-to-day health care operations. These uses and disclosures are necessary to run DGS and ensure that all of our clients receive quality care.

For example, we may use mental health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine mental health information about many DGS patients to decide what additional services DGS should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, physician assistants, nurse practitioners, nurses, medical assistants, health care students, and other DGS personnel for review and learning purposes. We may also combine the mental health information we have with mental health information from other health clinics to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of mental health information so others may use it to study health care and health care delivery without learning who the specific patients are. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.

SPECIAL SITUATIONS

Business Associates: Your health information may be disclosed to third party “business associates” that perform various activities (e.g., billing, Information Technology services) for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of your health information, we will have a written agreement with that business associate that contains terms that will protect the privacy of your health information to the same extent that we must. For example, we may hire a billing company to submit claims to your health care insurer. Your health information will be disclosed to this billing company, but a written agreement between our office and the billing company will prohibit the billing company from using your health information in any way other than what we allow.



Individuals Involved in Your Care or Payment for Your Care. We may disclose health information about you to your family members or friends who are involved in your care, once you give us permission to do so. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

As Required by Law. We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

Treatment Alternatives. We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services and Reminders. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Military and Veterans. If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with clients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave DGS.

Workers' Compensation. We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Coroners, Medical, Examiners and Funeral Directors. We may disclose medical information to a coroner, medical examiner, or Funeral Director. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose your health information to organ procurement organizations.



Reporting. Federal and state laws may require or permit DGS to disclose certain health information related to the following:

Public Health Risk. We may disclose health information about you for public health purposes, including:

1. Prevention or control of disease, injury, or disability
2. Reporting births and deaths;
3. Reporting child abuse or neglect;
4. Reporting reactions to medications or problems with products;
5. Notifying people of recalls of products they may be using; and
6. Notifying a person who may have been exposed to disease or may be at risk for contracting or spreading a disease.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings: if you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Reporting Abuse, Neglect or Domestic Violence: Notifying the appropriate government agency if we believe a client 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.

Law Enforcement. We may disclose health information when requested by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process;
2. To identify or locate a suspect, fugitive, material witness, or missing person;
3. About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
4. About a death we believe may be the result of criminal conduct;



5. About criminal conduct at DGS; and
6. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities. We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security authorized by law.

Protective Services for the President and Others

We may release your health information to government law enforcement so they may provide protection to elected constitutional officers, heads of state or to conduct investigations.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

Information Not Personally Identifiable. We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Fundraising Activities. We may use health information about you to contact you in an effort to raise money as part of a fundraising effort. We may disclose health information to a foundation related to DGS so that the foundation may contact you in raising money for DGS. We will only release contact information, such as your name, address and phone number, the dates you received treatment or services at DGS, and without written consent. Information requiring written authorization prior to fundraising use may include Diagnosis, Nature of Services, Treatment Received, Outcome information and Health Insurance Status. You may opt out of receiving any fundraising communications.

Marketing and Sales: We may not sell your protected health information without your authorization. We will not use your name and address for marketing communications without your authorization.

Psychotherapy Notes: We may disclose your psychotherapy notes without an authorization, as required by law, or:

- a. To carry out the following treatment, payment, or health care operations:
 - i. Use by the originator of the psychotherapy notes for treatment;
 - ii. Use by DGS for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or
 - iii. Use by DGS to defend itself in a legal action or other proceeding brought by the patient.
- b. To respond to the federal Department of Health and Human Services (HHS) to determine DGS 's compliance with HIPAA privacy rules;
- c. To comply with the law;
- d. To assist in oversight of the originator of the psychotherapy notes;
- e. To help coroners/medical examiners in the examination of deceased persons;



- f. To address serious public health or safety concerns. Special restrictions apply to disclosures made to law enforcement to identify or apprehend an individual who has admitted participation in a crime that DGS reasonably believes may have caused serious harm to the victim. Specifically, DGS may not disclose health information, including psychotherapy notes, if DGS learned of the individual's participation when he or she requested or received treatment, counseling, or therapy to affect the propensity to commit such a crime.

Breach Notification: We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information. We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your health information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although your health record is the property of DGS, the information belongs to you. You have the following rights regarding your health information.

Right to Inspect and Copy. With some exceptions, you have the right to review and copy your information.

You must submit your request in writing. Please contact the DGS Privacy Officer at 302-645-5338 to request the appropriate form to submit your written request. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend. If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by DGS.

You must submit your request in writing. Please contact the DGS Privacy Officer at 302-645-5338 to request the appropriate form to submit your written request. In addition, you must provide a reason for your request.

We may reject your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:



1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the health information kept by or for DGS; or
3. Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures”. This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.

You must submit your request in writing. Please contact the DGS Privacy Officer at 302-645-5338 to request the appropriate form to submit your written request. Your request must state a time period which may not be longer than six years prior to the date the request is submitted. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. For example, you could ask that we not use or disclose information about a treatment you had to a family member or friend.

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

You must submit your request in writing. Please contact the DGS Privacy Officer at 302-645-5338 to request the appropriate form to submit your written request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Alternate Communications. You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail or post office box.

You must submit your request in writing. Please contact the DGS Privacy Officer at 302-645-5338 to request the appropriate form to submit your written request. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.



BUILDING RESILIENT FAMILIES

Building resilient families for over 60 years

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices. Even if you have agreed to receive the Notice electronically, you may ask us to give you a copy of this Notice at any time.

To obtain a paper notice call or mail your request to:

Delaware Guidance Services
31168 Learning Lane
Lewes, DE 19958
302-645-5338

This notice is also available on our website www.delawareguidance.org

CHANGES TO THIS NOTICE

DGS reserves the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at DGS and on the website. The notice will contain the effective date of the revision. DGS will provide you with a copy of any revisions to the Notice of Privacy Practices upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with DGS or with the Department of Health and Human Services.

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 Ave. S.W., Room 509F HHH Building, Washington, DC 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

You may also contact us directly to resolve any concerns or answer questions about your health care information at:

Privacy Officer
Delaware Guidance Services
31168 Learning Lane
Lewes, DE 19958
302-645-5338

All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Client Name: _____ Client DOB: _____

I have been given a copy of DGS's Notice of Privacy Practices, which describes how my health information may be used and shared. I understand that DGS has the right to change this Notice at any time. I may obtain a current copy by contacting the DGS Privacy Officer, or by visiting the DGS Website at www.delawareguidance.org

My signature below acknowledges that I have been provided with a copy of the DGS Notice of Privacy Practices.

Signatures:

Legal Guardian/ Adult Client Signature *Date*

Print Name *Relationship to Client*

Witness Signature *Date*

For Facility Use Only: Complete this section if you are unable to obtain a signature.

1. If the client or legal guardian is unable or unwilling to sign this *Acknowledgement*, or the *Acknowledgement* is not signed for any other reason, state the reason:

2. Describe the steps taken to obtain the client's (or legal guardian's) signature on the *Acknowledgement*:

Completed by:

Signature of DGS Representative *Date*

Print Name