

Christiana Institute of Advanced Surgery

NOTICE OF PRIVACY PRACTICES

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.

We understand that your health information is personal to you and we are committed to protecting the information about you. This Notice of Privacy Practices (“Notice”) describes how we will use and disclose protected information and data that we receive or create related to your health care.

Our Duties: We are required by law to maintain the privacy of your Protected Health Information (PHI). PHI includes information that can be used to identify you and that we have created or received about your past, present or future health conditions. We are required to give you this Notice describing our duties and privacy practices. It explains how, when and why we use and disclose your PHI. With some exceptions we are not allowed to use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are also legally required to follow the terms of the Notice currently in effect.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to PHI we already have. Whenever we make an important change to our policies, we will promptly change the notice and post a new notice in the main reception area of each of our offices. You can request a copy of this notice from the contact person listed below at any time or view a copy of our notice on our web site at www.chrias.com.

How We May Use and Disclose Health Information about You: We will use or disclose your health information without your authorization for the following reasons:

For treatment: We will use and disclose your health information while providing, coordinating or managing your health care except where the PHI is related to HIV/Aids, genetic testing or federally funded drug or alcohol abuse treatment facilities or where otherwise expressly prohibited pursuant to State or Federal law. For example, information obtained by a doctor or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will put in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you respond to the treatment. We may also provide other healthcare providers with your information to assist them in treating you.

To obtain payment for our services: We will use and disclose your medical information to obtain or provide compensation or reimbursement for providing your health care. For example, we may send a bill to you or your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis,

procedures and supplies used in your treatment. As another example, we will disclose information about you to our billing staff and to your health insurance company so that the insurance company may determine your eligibility for payment for certain benefits.

For health care operation: We will use or disclose your health information to deal with certain administrative aspects of your health care and to manage our business more effectively. For example, members of our medical staff may use information in your health records to assess the quality of care or the outcomes of your case and others like it. This information will then be used to improve the quality and effectiveness of the healthcare treatment and services that we provide.

To Business Associate: There are some services provided in our organization through contracts with business associates, such as legal, consulting and accounting advice. We may disclose your healthcare information to our business associates so that they can perform the jobs that we ask them to do. However, our Contracts or Agreements with them require that they take the same precautions with your healthcare information that we are disclosing in this Notice.

For communication with family: We may use or disclose information to family members, personal representatives or other responsible persons involved in your care (e.g. close personal friends) about your care, your general condition or other healthcare information relevant to that person's involvement in your care unless you specifically object to such disclosures in whole or in part.

For research: Consistent with applicable law we may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

To Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

To the Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events, product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

For Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing and controlling disease, injury or disability, including child or senior abuse or neglect.

About victims of Abuse, Neglect or Domestic Violence: Consistent with applicable State law, we may disclose your health information to appropriate governmental agencies, such as adult or child protective or social service agencies, if we reasonably believe that you are a victim of abuse, neglect or domestic violence.

For Health Oversight: In order to oversee the health care system, government benefits programs, entities subject to governmental regulation and civil rights laws for which health information is necessary to determine compliance, we may disclose your health information for oversight activities authorized by law, such as audits and civil, administrative or criminal investigations.

In Court Proceedings: We may disclose your health information in response to requests made during judicial or administrative proceedings, such as court orders or subpoenas.

To Law Enforcement: Under certain circumstances, we may disclose your health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of law enforcement officials, reporting deaths, crimes on our premises and crimes in emergencies.

About Inmates: If you are an inmate in a correctional institution or under custody of a law enforcement official, we may disclose health information about you to correctional institution or law enforcement officials. This release would be necessary (1) for the institution to provide for your health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Regarding Threats to Public Health and Safety: We may disclose or use your health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious or imminent threat or is necessary to identify or apprehend an individual.

For Specialized Government Functions: Subject to certain requirements, we may disclose or use your health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations and for government programs providing public benefits.

For Workers Compensation Purposes: We may disclose your health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Other Uses: We may also use or disclose your personal health information for the following purposes:

- To contact you to remind you by phone or e-mail of an appointment for treatment or to contact you by mail or e-mail of the need for you to contact us about making an appointment.
- To contact you to describe or recommend treatment alternatives that may be of benefit to you; or

- To furnish you information about health-related benefits and service that may be of benefit to you.

Incidental Uses and Disclosures: Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However such incidental uses or disclosures are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of you PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within the office overheard by persons not involved in your care would be permitted.

Prohibitions on Other Uses or Disclosures: We may not make any other use or disclosure of your personal health information without your written authorization. Once given, you may revoke the authorization by writing to the contact person listed below. Understandably, we are unable to retract any disclosure made prior to your revocation.

Individual Rights: You have the following rights concerning the confidentiality of your health information:

- < To request restriction on the health information we may use or disclose for treatment, payment or health care operations. We are not required to agree to these requests. To request restrictions, please send a written request to the contact person listed below at the address listed below. If we do accept such limitations, we will abide by them except in emergency situations. Under certain circumstances we may terminate our agreement to such restrictions.
- < To request that you receive confidential communications of your health information in a certain manner or at a certain location. For instance you may request that we contact you only at work or by mail. To make such a request you must write to the contact person at the address below and tell us how or where you wish to be contacted. We must agree to your request so long as we can easily provide it in the manner you requested.
- < To inspect or get a copy of your health information. You must submit you request in writing to the address below. We will respond to you within 30 days. If you request a copy of your health information we may charge you a fee only for the cost of copying, mailing or other supplies. In certain circumstances we may deny your request to copy or inspect your health information. If you are denied access to your health information, you may request the denial be reviewed. Another licensed health care professional will then review your request and the denial. The person conducting the review will not be the person who denied the request. We will comply with the outcome of the review.
- < To amend your health information. If you feel that the health information that we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must write to us at the address

below. You must also give us a reason to support your request. We will respond to you within 60 days. We may deny your request to amend your health information if it is not in writing or does not provide a reason to support your request. We may deny your request if:

YThe information was not created by us, unless the person who created the information is no longer available to make the amendment,

YThe information is not part of the health information kept by or for us,

YIf the information is not part of the information that you would be permitted to inspect or copy, or

Ythe information we have is already accurate and complete.

If we deny your request we will, in writing, state our reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do file one, it will be sent with all future disclosures of your PHI. If you do not file one, you have the right to have your request and our written denial attached to all future disclosures of your PHI.

- < To receive an accounting of disclosures of your health information. You must submit a request in writing to the address below. We are not required to account for disclosures made for purposes of treatment, payment or health care operations. Not all health information is subject to this request. Your request must state a period of time, no longer than 6 years and may not include dates earlier than April 14, 2003. Your request must state how you would like to receive the report (paper, electronically). The first accounting you request within a 12-month period is free. For additional accountings, we may only charge you for the cost of providing the accounting. We will notify you of this cost and you may choose to withdraw or modify your request before charges are incurred.
- < To receive a paper copy of this Notice upon request, even if you have agreed to receive the Notice electronically. You may also obtain a copy of this notice on our website, www.chrias.com. You must submit a request for a paper copy of the Notice in writing to the address below.

All requests to restrict use of your health information for treatment, payment and health care operation, to inspect and copy health information, to amend your health information, or to receive an accounting of disclosures of health information must be in writing to the contact person below.

Complaints: If you believe that your privacy rights have been violated, a complaint may be made to our Privacy Officer at (302) 892-9900 or the address below. You may also submit a complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Room 615F, Washington, DC 20201. We will not retaliate against you for filing a complaint.

Contact Person: Our contact person for all questions, requests or for further information related to the privacy of your health information is:

Privacy Officer
Christiana Institute of Advanced Surgery

537 Stanton Christiana Road, Suite 102

Newark, DE 19713

(302) 892-9900

Changes to This Notice: We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facilities and on our web site.

Effective Date: This notice is effective April 14, 2003

Christiana Institute of Advanced Surgery

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

By my signature below, I acknowledge that I have received Christiana Institute of Advanced Surgery's Notice of Privacy practices.

Please Print

Patient #: _____

Signature

Date

**This acknowledgement page must be retained in the patient's record.
If acknowledgement could not be obtained from the patient,
the reasons must be documented below.**

Christiana Institute of Advanced Surgery

SUMMARY OF PRIVACY PRACTICES

This is a summary of the Notice of Privacy Practices, which describes how medical information about you may be used and disclosed and about how you can obtain access to this information. If you would like to receive a copy of the Notice, you are entitled to receive one as describe below.

We understand that your health information is personal to you and we are committed to protecting the information about you. Our Notice of Privacy Practices, of which this is a summary, describes how we will use and disclose protected health information (“PHI”) and data that we receive or create related to your health care.

Our Duties: We are required by law to maintain the privacy of your health information and to give you this Notice describing our duties and privacy practices. We are also required to follow the terms of the Notice currently in effect.

How We May Use and Disclose Health Information about You: We will not use or disclose your health information without your authorization except in the following situations:

- ⟨ **Treatment, payment and health care operations.** These uses permit us to provide your treatment, get paid for those services and operate our office efficiently.
- ⟨ To **Business Associates** who provide services to us under Contracts or Agreement which bind them to adhere to the same use and disclosure limitations as apply to us.
- ⟨ To **communicate with family** personal representatives and close friends about your care, general condition or information relevant to their involvement in your care.
- ⟨ To **researchers** doing properly authorized research under established protocols and under the supervision of an Institutional Review Board.
- ⟨ To **organ procurement organizations** engaged in procurement, banking or transplantation of organs for purposes of tissue donation or transplant.
- ⟨ To the **Food and Drug Administration** to report adverse events, product defects and post marketing surveillance for drug recalls, repairs or replacements.
- ⟨ To **public health agencies** about matters we are required to report such as controlling disease or reporting senior or child neglect or abuse.
- ⟨ To **health oversight organizations** who are charged with overseeing the health care system for such uses as audits or civil, criminal or administrative proceedings.

- ⟨ For **court proceedings** as required by court orders or subpoenas.
- ⟨ To **law enforcement agencies or officials** as required under regulations to report deaths, certain types of injuries, or to report crimes.
- ⟨ To correctional institutions for the continued care of any **inmates** or to protect the health and safety of those institutions and their prisoner populations.
- ⟨ In the case of **threats to public health and safety** if we have a good faith belief that such a threat exists.
- ⟨ In any case involving **workers compensation** claims for work related injuries.
- ⟨ In order to **notify you** of the need for an appointment, to tell you about treatment alternatives or to furnish you with information about health-related benefits or services in which we feel you might be interested.

Prohibitions on Other Uses or Disclosures: We may not make any other use or disclosure of your personal health information without your written authorization. Once given, you may revoke the authorization by writing to the contact person listed below. Understandably, we are unable to retract any disclosure made prior to your revocation

Individual Rights: You have the following rights concerning the confidentiality of your health information:

- ⟨ To request the restriction on PHI we may use or disclose for treatment, payment or health care operations.
- ⟨ To request that you receive PHI in a certain manner or location.
- ⟨ To inspect or copy your PHI, within certain limitations
- ⟨ To amend you PHI, within certain limitations.
- ⟨ To receive an accounting of disclosures of your PHI,
- ⟨ To receive a paper copy of the full Notice of Privacy Practices

All requests to restrict use of your health information for treatment, payment and health care operation, to inspect and copy health information, to amend your health information, or to receive an accounting of disclosures of health information must be in writing to the contact person below.

Complaints: If you believe that your privacy rights have been violated, a complaint may be made to our privacy officer at (302) 892-9900 or the address below. You may also submit a complaint to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Contact Person: Our contact person for all questions, requests or for further information related to the privacy of your health information is:

Privacy Officer
Christiana Institute of Advanced Surgery
537 Stanton Christiana Road, Suite 102
Newark, DE 19713
(302) 892-9900

Changes to This Notice: We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facilities.

Effective Date: This notice is effective December 12, 2006.