



## Department of Services for Children, Youth and Their Families

### Notice of Private Practices

This document describes how medical information about you may be used and disclosed and how you can get access to this information.

#### **Delaware Department of Services for Children Youth and Their Families**

- Division of Child Mental Health Services
- Division of Family Services
- Division of Youth Rehabilitative Services
- Division of Management Support Services

#### **Our Duty to Safeguard Protected Health Information**

Records of The Department of Services for Children, Youth and Their Families (DSCYF) contain information protected by federal and state laws regarding the privacy of health care. Many of the services provided by DSCYF are covered by the laws regarding health care. Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI).

We are required to safeguard the privacy of your PHI, and to give you this Notice of Private Practices that describes how, when and why we use or disclose your PHI and gives you some examples. In addition we may make other uses and disclosures that occur as a byproduct of the permitted uses and disclosures described in this Notice.

We are required to follow the privacy practices described in this Notice, although we reserve the right to change the terms of this Notice and to make new provisions effective for all PHI that we maintain by posting the revised notice in our offices and making copies of the revised notice available on request from the DSCYF.

#### **How We May Use and Disclose Protected Health Information**

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment and for our health care operations. For uses beyond treatment, payment and operations we must have your written authorization, unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity that performs a function on our behalf, we must have an agreement with the outside entity to extend the same degree of privacy protection to your information that we apply to your PHI. The law provides that we are permitted to make some uses/disclosures without your consent or authorization. The

following describes and offers examples of our potential uses or disclosures of your PHI.

### **Uses and Disclosures of PHI for Treatment, Payment, or Health Care Operations**

Generally, we may use or disclose your PHI as follows:

- ***For treatment:*** We may disclose your PHI for use in planning, coordinating and providing your health care and related services. For example, your PHI will be shared among members of the DSCYF treatment team involved in the provision or coordination of your care. Your PHI may also be shared with outside entities performing services related to your treatment, such as pharmacy or lab services and professional consultation.
- ***To obtain payment:*** We may use/disclose your PHI to bill and collect payment for the services and treatment provided to you. For example, we may release portions of your PHI to the Medicaid program to collect payment for services that we delivered to you.
- ***For health care operations:*** We may use/disclose your PHI in the course of operating DSCYF programs and business activities. For example, we may use your PHI in assessing the quality of our service or disclose PHI to an accountant or attorney for audits. Release of your PHI may be required to determine your eligibility for publicly funded services.
- ***Appointment reminders:*** Unless you provide us with alternative instructions, we may telephone you at home or send appointment reminders and similar materials by mail to your home address.

### **Uses and Disclosures of PHI Requiring Authorization**

For uses and disclosures beyond treatment, payment or health care operations, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below.

Authorizations can be revoked at any time to stop future uses/disclosures unless we have already taken an action in reliance on your authorization.

### **Uses and Disclosures of PHI Not Requiring Consent or Authorization**

The law provides that we may use/disclose PHI from health records without consent or authorization in the following circumstances:

- ***When required by law:*** For example, we may disclose PHI when a law requires that we report information about suspected child abuse, neglect

or domestic violence or in response to a court order. We must also disclose PHI to authorities monitoring our compliance with these privacy requirements.

- ***For public health activities:*** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to a public health authority.
- ***For health oversight activities:*** We may disclose PHI to the protection and advocacy agency or a state or federal agency authorized by law to oversee our operations.
- ***For disclosures relating to decedents:*** We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into the cause of death. For example, we may make a report to the Medical Examiner or the Child Death Review Panel.
- ***For research purposes:*** In certain circumstances, and under supervision of a privacy board, we may disclose PHI for health research or evaluation.
- ***To avert a threat to health or safety:*** In order to protect health or safety, we may disclose PHI to emergency services or law enforcement agencies that can reasonably prevent or lessen a serious and eminent threat to the safety of a person or the public.
- ***For specific government functions:*** We may disclose PHI to government benefit programs relating to eligibility or enrollment and to oversight agencies conducting program review.

### **Your Rights Regarding Your Protected Health Information**

You have the following rights relating to your protected health information:

- ***To request restrictions on uses/disclosures:*** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.
- ***To chose how we contact you:*** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

- ***To inspect and request a copy of your PHI:*** Unless your access to your records is restricted for clear and documented reasons, you have a right to see your PHI upon your written request. We will respond to your request in 30 days. If we deny access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed.
- ***To request correction of your PHI:*** If you believe that there is a mistake or missing information in our record of you PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us or not part of our records, or, (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, added to your PHI. If we approve the request for amendment, we will change the PHI and inform you as well as others that need to know about the change.
- ***To find out what disclosures have been made:*** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for treatment, payment, and operations; to you, your family, or on your written authorization. The list also will not include any disclosures made for specialized functions required by law or disclosures made before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

***You have a right to receive a paper copy of this Notice at any time. You may receive an electronic copy by e-mail upon request.***

### **How to Make an Inquiry or File a Complaint about Our Privacy Practices**

If you have questions about this Notice, or you think we have violated your privacy rights, or you want to complain to us about our privacy practices, please contact the Privacy Officer at:

Office of Case Management  
Department of Services for Children, Youth and Their Families  
1825 Faulkland Road  
Wilmington, DE 19805-1195

Telephone: (302) 633-2885

You also may file a written complaint with:

Region III, Office for Civil Rights  
U.S. Department of Health and Human Services  
150 S. Independence Mall West  
Suite 372, Ledger Building  
Philadelphia, PA 19106-9111

Telephone: (215) 861-4441  
Fax: (215) 861-4431  
TDD: (215) 861-4440

If you file a complaint with either office, we will not take any action against you or change our treatment of you in any way.

**Effective Date: This Notice of Privacy Practices is effective on April 14, 2003.**