



Privacy Office  
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*Effective Date: September 23, 2013*

*Last Revised Date: August 3, 2021*

## **HIPAA Notice of Privacy Practices (NPP): Please Review It Carefully!**

**This NPP is about Your Information, Your Rights, and Our Responsibilities. It describes how your information may be used and disclosed by ChristianaCare, and how you can get access to it.**

ChristianaCare takes our patients' privacy seriously. We know that your medical information is very personal. We do our best to protect the privacy of your medical information. We will only use and disclose the minimum necessary information for the intended purpose and as required by law.

### **Our Responsibilities**

To serve you, we create and receive personal information about your health. This information is called Protected Health Information (PHI), and it comes from you, your physicians, hospitals, and other healthcare services providers involved in your care. For members of the ChristianaCare Health & Welfare Benefits Plan (benefits plan), PHI may come from your employer, other insurers, HMOs or third-party administrators (TPAs), as applicable. Your PHI can be in oral, written, or in electronic format. We are required by law to:

- maintain the privacy and security of your PHI.
- enter into a Business Associate Agreement with third parties who participate in your treatment, payment, and our health care operations that requires the business associate to protect the privacy and security of PHI.
- notify you promptly if we determine inappropriate use or disclosure of your PHI has occurred that compromises the privacy or security of your information.
- use and disclose your information as described in this notice unless you tell us we cannot in writing. If you change your mind at any time, you must tell us in writing.
- follow the duties and privacy practices described in this notice and give you a copy of it.

### **Who will follow this notice?**

- All ChristianaCare organizations, facilities, and medical practices
- Any doctor, health care professional, or other person caring for you
- All people who work for ChristianaCare
- All ChristianaCare volunteers
- Any business associate needing health information, so they can provide services for ChristianaCare

## **Your Information**

<b>We may store the following information about you:</b>	<p>The information we may store includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Clinical Data: Diagnoses/Conditions, Lab Results, Medications, Other Treatment Information</li> <li>• Demographic Data: Address/Zip Code, Date of Birth, Driver's License, Name, Social Security Number, Other Identifiers</li> <li>• Financial Data: Claims Information, Credit Card/Bank Account Number, Other Financial Information, Name, and Driver's License Information</li> </ul>
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## Our Uses and Disclosures

<b>We may use and disclose your information for purposes of:</b>	<p>We may use and disclose your information for the following situations, including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Helping to manage the health care treatment you receive</li> <li>• Coordinating your care among various health care providers</li> <li>• Collecting standardized assessment information on admission for a Home Health Assessment</li> <li>• Billing for your health services</li> <li>• Managing our health care operations</li> <li>• Conducting research</li> <li>• Complying with the law</li> <li>• Helping with public health and safety issues</li> <li>• Responding to organ and tissue donation requests and working with a medical examiner or funeral director</li> <li>• Addressing workers' compensation, law enforcement, and other government requests</li> <li>• Responding to lawsuits and legal actions</li> <li>• Administering your health plan, as applicable for benefits plan members</li> <li>• Provisioning of services and programs for benefits plan members</li> </ul>
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## Your Choice

<b>You have some choices in the way that we use and share your information for purposes of:</b>	<p>You may choose how we use and share your information for the following situations, including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Responding to treatment-related questions from your family and friends</li> <li>• During disaster relief</li> <li>• Communicating with you through mobile and digital technologies</li> <li>• Marketing our services and products</li> <li>• Selling your PHI</li> </ul>
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## Your Rights

<b>Your rights include:</b>	<p>Your rights include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Getting a copy of your health and claims records</li> <li>• Requesting for correction of your health and claims records</li> <li>• Getting a list of those with whom we've shared your information</li> <li>• Asking us to limit the information we share</li> <li>• Requesting confidential communication</li> <li>• Requesting a copy of this privacy notice</li> <li>• Filing a complaint if you believe your privacy rights have been violated</li> <li>• Choosing someone to act on your behalf</li> </ul>
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The following pages describe in detail your rights, our uses and disclosures, and our responsibilities to you.

## Our Uses and Disclosures in Detail

This section describes how we may use and give out medical information about you. Although this list does not contain every possibility, all of the ways that we are allowed to use and give out information without your permission will fall within one of the categories listed in this section.

<b>Help manage the health care treatment you receive</b>	<ul style="list-style-type: none"> <li>• We may use your health information to give you medical care.</li> <li>• We may give out medical information about you to doctors, doctors in training, nurses, students, or other employees within our organization who are involved in your care.</li> <li>• We may give out medical information to work with people outside of the health system to provide care for you.</li> </ul>	<p><b>Example:</b></p> <p>A case manager will use information about your diagnosis and treatment plan to arrange additional services for when you go home.</p>
<b>To get paid</b>	<p>We may use and give out health information about your care to request payment from you, an insurance company, or other payor.</p>	<p><b>Example:</b></p> <p>We may tell your health plan about care you are going to receive, or have received, for billing purposes.</p>

<b>To run ChristianaCare</b>	<p>We may use and give out medical information about you to run ChristianaCare, i.e., Care Management, Care Coordination, Case Management, and Care Planning.</p> <ul style="list-style-type: none"> <li>• We may use your information to see how we took care of you, and how you did under our care.</li> <li>• We may gather medical information about groups of patients to decide if there are other services ChristianaCare should offer, what services are needed or not needed, and what new treatments are effective.</li> <li>• People taking care of you, including doctors, nurses, and students, may receive information for learning purposes. Information may be combined with medical information from other hospitals to compare how we are doing and to see if we can improve the care and services that we offer.</li> </ul>	<p><b>Example:</b></p> <ul style="list-style-type: none"> <li>• We use health information about you to develop better services for you.</li> <li>• We share health information with companies that provide administrative services.</li> </ul>
<b>Fundraising efforts</b>	<ul style="list-style-type: none"> <li>• We may contact you to ask for a donation. We can use certain information for this purpose, including your contact information, age, gender, dates of service, department of service, treating doctor, health outcome information, and health insurance status.</li> <li>• If you do not wish to be contacted for our fundraising efforts, you may opt-out by one of the following ways: 1) calling 1-800-693-2273; 2) sending an email to <a href="mailto:optout@christianacare.org">optout@christianacare.org</a>; or 3) writing to the ChristianaCare Office of Development, 13 Reads Way, Suite 203, New Castle, DE 19720.</li> <li>• We will not deny you treatment or treat you favorably based upon any decision you make about donating.</li> </ul>	<p><b>Example:</b></p> <p>We may use your demographic information and other minimum data to contact you for donations to support programs for certain diseases.</p>

## Marketing Our Services and Products

- We will not use or give out your PHI for marketing purposes without your authorization.
- The following are not marketing communications, and an authorization may not be necessary if it is:
  - made to describe a health-related product or service (or payment for such product or service);
  - made to share with entities participating in a health care provider network or health plan network, a replacement of, or enhancements to, a health plan;
  - related to health products or services available only to a health plan enrollee that add value to, but are not part of, a plan of benefits;
  - used to announce the arrival of a new specialty group or new equipment;
  - made for treatment of the individual;
  - made for case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care to the individual.

### Example of Marketing Communication:

- A communication from a hospital informing former patients about a cardiac facility, which is not part of the hospital, that can provide a baseline service for a fee.
- When the communication is not for the purpose of providing treatment advice.

### Example of Non-Marketing Communication:

- A provider shares a patient's medical record with several behavior management programs to determine which program best suits the ongoing needs of the individual patient.
- A hospital social worker shares medical record information with various nursing homes in the course of recommending that the patient be transferred from a hospital bed to a nursing home.
- A provider sends a mailing to subscribers approaching Medicare eligible age with materials describing its Medicare supplemental plan and an application form.

<b>Sale of PHI</b>	<ul style="list-style-type: none"> <li>• We will not give out your PHI in exchange for payment without your authorization.</li> <li>• With your authorization, we may disclose your PHI in limited cases, including for research activities where reimbursement shall be limited to the cost to prepare and transmit the PHI.</li> </ul>	<p><b>Example:</b></p> <p>If ChristianaCare receives an offer to purchase your PHI, we cannot sell and release your information to the entity without your written approval.</p>
<b>Hospital directory</b>	<ul style="list-style-type: none"> <li>• When you are a patient, we may include limited information about you in the hospital directory, so your friends, family, and clergy can visit you and find out how you are doing.</li> <li>• This information may include your name, location in the hospital, phone number, your general condition (good, fair, serious or critical), and your religion.</li> <li>• We may give out information that a patient has died once the next of kin has been notified.</li> <li>• If you do not want anyone to know that you are in the hospital, you must sign a form requesting to be removed from the hospital directory.</li> </ul>	<p><b>Example:</b></p> <ul style="list-style-type: none"> <li>• Information except for your religion may be given to people who ask for you by name.</li> <li>• Your religion may be given to a member of the clergy even if they don't ask for you by name.</li> </ul>
<b>Family and friends</b>	<ul style="list-style-type: none"> <li>• We may give medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any health care power of attorney or similar document given to us.</li> <li>• We may also give information to someone who helps pay for your care.</li> </ul>	<p><b>Example:</b></p> <p>We may give out medical information about you to your family member who is involved in your medical care.</p>
<b>Research</b>	<ul style="list-style-type: none"> <li>• Depending on the type of research, we may ask for your written approval before using your medical information or sharing it with others in order to carry out research.</li> <li>• We may, however, provide your health information to people within ChristianaCare who are preparing a research project or enrolling patients in research projects.</li> <li>• In each case, the Office of Institutional Review Board (IRB) will review and determine if we need your consent, authorization, or neither.</li> </ul>	<p><b>Example:</b></p> <p>The IRB determines that information may be provided to a research committee that has taken steps to protect your information.</p>

<b>Special Considerations for ChristianaCare Benefits Plan Members</b>	<p>For members of the ChristianaCare benefit plan, PHI is used and shared to:</p> <ul style="list-style-type: none"> <li>• run the plan;</li> <li>• facilitate medical treatment or services by providers;</li> <li>• plan disease management and wellness programs for members with specific conditions, including diabetes, asthma, and other health conditions as programs are created;</li> <li>• determine eligibility for plan benefits, coordinate coverage between various health care plans, and to coordinate payment for services received;</li> <li>• set appropriate premiums for the plan;</li> <li>• detect and investigate fraud;</li> <li>• conduct or arrange for medical review, legal services or audit services.</li> </ul>	<p><b>Example:</b></p> <p>If you are a member of the ChristianaCare benefits plan, the ChristianaCare plan may share your PHI with other health plans in order to facilitate payment of services.</p>
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## Special Situations

We are allowed or required to share your information in other ways without your permission — mostly in ways that contribute to the public good, such as public health and research.

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).

<b>Research</b>	<p>We could use or give out your information for health research without your permission if the IRB has reviewed and approved a waiver of consent and authorization.</p>
<b>As required by law</b>	<p>When we are required to do so by federal, state, or local law.</p>
<b>To help avoid a serious threat to public health or safety</b>	<p>To help avoid a threat to the health and safety of you, another person, or the public, we may share your health information for specific situations:</p> <ul style="list-style-type: none"> <li>• preventing disease;</li> <li>• helping with product recalls;</li> <li>• reporting adverse reactions to medications;</li> <li>• reporting suspected abuse, neglect, or domestic violence; and</li> <li>• preventing or reducing a serious threat to anyone's health or safety.</li> </ul>
<b>Public Health authorities</b>	<p>We may provide information for public health activities, such as reporting disease outbreaks; births and deaths; child or elder abuse; reactions to medications; recall notifications; or communicable diseases.</p>
<b>Home Health Assessment</b>	<p>The U.S. Department of Health and Human Services requires that all home health agencies collect standardized assessment information on admission every two months during service and at discharge. The Outcome and Assessment Information Set (OASIS) is used to monitor and evaluate care provided by home health agencies. This information is confidential under the Federal Privacy Act and is disclosed only to authorized agencies.</p>

<b>Respond to organ and tissue donation</b>	We can share health information about you with organ procurement organizations that handle eye and tissue donations or to an organ donation bank, so these organizations may assist with transplantation.
<b>Coroners, medical examiners, and funeral directors</b>	We can share health information with a coroner, medical examiner, or funeral director to identify a person who has died or to find out why the person died. We will protect the confidentiality of your medical information for 50 years following your death.
<b>Military and Veterans</b>	If you are a member of the armed forces, we may give out medical information about you as required by military command authorities. We may give information to the Department of Veterans Affairs to find out if you can receive certain benefits.
<b>Workers' compensation</b>	We may share information to assist programs that provide benefits for work-related injuries or illnesses.
<b>Health oversight activities</b>	We may provide information to agencies that monitor the health care system or government programs, and make sure hospitals are following the law. These activities include audits, investigations, inspections, and licensing.
<b>Lawsuits and disputes</b>	If you are involved in a lawsuit or a dispute, we may give out medical information about you if we get a valid court or administrative order, subpoena, discovery request, or other legal request from someone involved in the case.
<b>Law enforcement</b>	<p>If we are asked to do so by law enforcement officials or are required to do so by law:</p> <ul style="list-style-type: none"> <li>• In response to a valid court order, subpoena, warrant, summons, or other similar process.</li> <li>• To identify or find a suspect, fugitive, material witness, or missing person.</li> <li>• To report about the victim of a crime if, in certain cases, we are unable to get the person to agree.</li> <li>• To report a death that we think may be the result of criminal conduct.</li> <li>• To report criminal conduct in our facilities.</li> </ul> <p>In emergency cases: To report a crime, the location of the crime or victims, or the identity, description, or location of the person(s) who committed the crime.</p>
<b>Prisoners</b>	If you are a prisoner of a correctional institution or under the custody of a law enforcement official, we may give out your medical information to the prison or law enforcement officials when necessary for your health and safety or for the health and safety of others.
<b>National security and intelligence activities</b>	We may provide information to authorized federal officials for national security activities authorized by law. This includes the protection of the President or foreign heads of state.



<b>Additional restrictions on use and disclosure</b>	Certain federal and state laws may require greater privacy protections. Where applicable, we will follow more stringent federal and state privacy laws that relate to uses and disclosures of health information concerning HIV/AIDS, cancer, mental health, alcohol and/or substance abuse, genetic testing, sexually transmitted diseases, and family planning and reproductive health.
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## Your Rights in Detail

**When it comes to your health information, you have certain rights. This section describes your rights and our responsibilities to help you.**

<b>Get a copy of your health records</b>	<ul style="list-style-type: none"> <li>• Most of the time, you have the right to look at and get a copy of your health information.</li> <li>• If you ask for a copy, we may charge a reasonable fee for the costs of copying, mailing, or other supplies. You may ask us to provide a copy of your records in a specific electronic form or format. You may ask our staff for a copy of our fee schedule and document release policy.</li> <li>• We will provide the copy in the requested form or format if it can be easily made. If not, we will arrange with you to provide the copy in another readable electronic format, usually within 30 days of your request.</li> <li>• On rare occasions, we may not be able to let you see or get copies of your records. If this happens, we will tell you the reason, and you will have the right to request a review of that decision.</li> <li>• To receive a copy of your health information, please write to ChristianaCare Health Information Management Services (HIMS), ATTN: HIMS Department, 501 W. 14<sup>th</sup> Street, Wilmington, DE 19801. For your billing record, please contact the billing department where your service was provided. We have provided the contact information of the HIMS department on the last page of this notice.</li> <li>• ChristianaCare will retain medical records as required by federal and state regulations and in accordance with our policies and procedures. When medical records are no longer required to be retained, they are securely destroyed.</li> </ul>
<b>Ask us to correct your health records (amendment)</b>	<ul style="list-style-type: none"> <li>• You have the right to ask for an amendment of information that is incorrect or incomplete for as long as the information is kept by ChristianaCare. To ask for an amendment, you must write to the Privacy Officer and provide a reason.</li> <li>• We will respond to your request in writing within 60 days.</li> <li>• We may deny your request if you ask us to amend information that: <ul style="list-style-type: none"> <li>○ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.</li> <li>○ Is not part of the medical information kept by or for ChristianaCare.</li> <li>○ Is not part of the information that you would be permitted to inspect and copy.</li> <li>○ Is accurate and complete.</li> </ul> </li> <li>• You have a right to submit a written statement to the Privacy Officer disagreeing with a denial of your request for an amendment, which will then be released with your records.</li> </ul>

<b>Receive a list of those with whom we've shared your information (list of disclosures)</b>	<ul style="list-style-type: none"> <li>• You have the right to request an “accounting of disclosures.” This is a list of the disclosures of medical information about you that we made outside of the health system for the functions listed above in the “Our Uses and Disclosures” section.</li> <li>• It does not apply to information shared to take care of you, for ChristianaCare to get paid, or to run ChristianaCare.</li> <li>• To ask for this list, you must put your request in writing to the Privacy Officer.</li> <li>• Your request must state the time period you are interested in and must be within of the last six (6) years.</li> <li>• The first request within a 12-month period will be free. We may charge you for the cost of providing additional lists.</li> <li>• We will tell you the cost and get your approval before we mail the list.</li> </ul>
<b>Receive Notification of a Breach</b>	<ul style="list-style-type: none"> <li>• You have the right to receive notice if there is a breach of your protected health information. A breach is an unauthorized acquisition, access, use or disclosure of PHI which compromises the security or privacy of the information.</li> <li>• This notice may be given by mail or through the news media in accordance with applicable law.</li> </ul>
<b>Restrictions on the use or disclosure of your information</b>	<ul style="list-style-type: none"> <li>• You have the right to request that we limit the medical information we use or give out about you. We may not be able to agree to your request. If we do agree, we will do as you ask unless the information is needed to provide you with emergency treatment.</li> <li>• You may request that information about an item or service for which you have paid in full out-of-pocket not be given out for payment or health care operations. This information may still be used for treatment purposes or as required by law.</li> <li>• To request a restriction, send your request to the Privacy Officer in writing.</li> <li>• In your request, you must tell us: (1) The information you want to limit; (2) Whether you want to limit our use, how we share your information, or both; and (3) To whom you want the limits to apply, such as information shared with your spouse or an insurance company.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>• You have the right to ask us to contact you using a different address or phone number for the purpose of keeping your health information private.</li> <li>• When you provide your address and phone number at registration, you need to tell us if you prefer a second address or phone number to be used.</li> </ul>
<b>Right to a paper copy of this Notice</b>	<ul style="list-style-type: none"> <li>• You have the right to ask for a copy of this notice.</li> <li>• You may submit a request to Patient Registration or the Privacy Officer.</li> </ul>

<p><b>Right to file a complaint if you feel your rights are violated</b></p>	<ul style="list-style-type: none"> <li>• You have the right to file a complaint if you feel we have violated your rights by one of the following ways: 1) contacting us at 1-302-623-4468; or by 2) contacting the ChristianaCare Privacy Officer at <a href="mailto:privacyoffice@christianacare.org">privacyoffice@christianacare.org</a>. Please provide enough detail to allow us to investigate the matter.</li> <li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by one of the following ways: 1) sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201; 2) calling 1-877-696-6775; or 3) visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> </ul> <p>You may also file a complaint with the Office of Civil Rights: Regional Manager of the Office of Civil Rights, Region III, 150 S. Independence Mall W. Suite 372, Public Ledger Building Philadelphia, PA 19106-9111 (215) 861-4441; Hotline Number: 1-800-368-1019.</p> <ul style="list-style-type: none"> <li>• <i>PLEASE NOTE: You will not be treated any differently at ChristianaCare for filing a complaint. You will not be penalized or retaliated for filing a complaint.</i></li> </ul>
<p><b>Right to choose someone to act for you</b></p>	<ul style="list-style-type: none"> <li>• If you have given someone medical power of attorney or if someone is your legal guardian, this person can exercise your rights and make choices about your health information.</li> <li>• We will confirm the identity of the person who has the authority to act for you before we take any action.</li> </ul>

## Health Information Exchange

ChristianaCare participates in several Health Information Exchanges (HIEs) and Health Information Networks (HINs). The HIEs and HINs coordinate information sharing among their members for treatment, payment, and health care operations. Through these exchanges, ChristianaCare can share your health information with your other providers, ensuring timely delivery of vital health information to your health care providers. Patients may opt-out of electronic health information exchanges.

<b>The Delaware Health Information Network (DHIN)</b>	DHIN is a regional health information exchange serving Delaware, Maryland, and D.C.	You may “opt-out” and disable access to your health information available through DHIN by calling 1-302-678-0220, or by completing and submitting an Opt-Out form to DHIN by mail, fax, or through their website at <a href="https://www.dhin.org/consumer">https://www.dhin.org/consumer</a> .
<b>The Chesapeake Regional Information System for our Patients (CRISP)</b>	CRISP is a regional health information exchange serving Maryland and Washington, D.C.	<ul style="list-style-type: none"> <li>You may “opt-out” and disable access to your health information available through CRISP by calling 1-877-952-7477, or by completing and submitting an Opt-Out form to CRISP by mail, fax, or their website at <a href="https://www.crisphealth.org">https://www.crisphealth.org</a>.</li> <li>Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.</li> </ul>
<b>The Healthshare Exchange of Southeastern Pennsylvania Inc. (HSX)</b>	HSX is a regional health information exchange serving Pennsylvania and the rest of the Delaware Valley and surrounding states.	You may “opt-out” and disable access to your health information available through HSX by calling 1-855-479-7372, or by completing and submitting an Opt-Out form to HSX by mail, fax, or on their website at <a href="https://www.healthshareexchange.org/consumers">https://www.healthshareexchange.org/consumers</a> .
<b>CommonWell Health Alliance (CommonWell)</b>	CommonWell is a national health information exchange organization that was established by various Electronic Medical Record (EMR) vendors as a platform to exchange information between dissimilar EMR systems.	You may “opt-out” and disable access to your health information available through CommonWell by contacting the HIMS department at (302) 320-6852.

## Changes to this Notice

We have the right to change this Notice. All changes to the Notice will apply to the information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice in the hospital and on our website: [www.christianacare.org](http://www.christianacare.org). The effective date of the current Notice will be posted at the top of the Notice. If we make material changes to this Notice, we will provide you with the updated Notice at your next visit.

## **How to contact us**

If you have any questions about this notice or if you need to make a request to the Privacy Officer, please contact us at ChristianaCare c/o Privacy Officer, 4000 Nexus Drive, Avenue North, Suite NW3-100, Wilmington, DE 19803, or 1-302-623-4468, or email us at [privacyoffice@ChristianaCare.org](mailto:privacyoffice@ChristianaCare.org).