

**Davenshire Medical Center**  
**3740 Carlisle Road**  
**Dover, PA 17315**

## **Notice of Privacy Practices**

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other health information used or disclosed by us in any form are kept properly confidential. This Act gives the patient significant new rights to understand and control how your health information is used.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information, and how we may use and disclose your health information for treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers, either directly or indirectly.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization reviews.
- **Health care operations** include the business aspect of running our practice, such as conducting quality assessments and improvement activities, auditing, cost-management analysis, and customer service.

We may also create and distribute general information by removing all references to a specific patient.

We may contact you or leave a message at your designated phone number or with a family member, unless notified in writing by you to do otherwise, to remind you of an upcoming appointment or leave a brief message to call our office to receive test results or continuing treatment information.

Your medical records will only be given to others with your written authorization and you may revoke such authorization in writing at any time. You have the following rights with respect to your protected health information, which you can request in writing to our Privacy Officer at the above address.

- The right to request restrictions on certain health information, including those related to discussion of information with family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a request restriction if we do not feel it is in the patient's best interest for medical care and treatment.
- If we do agree to a restriction, then we must comply by it unless you agree in writing to remove the said restriction.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations. (IE at work, letter sent by mail, etc.)
- The right to request in writing to inspect and copy your protected health information.
- The right to request in writing to amend your protected health information.
- The right to request in writing a list of disclosures of your protected health information.
- The right to receive a copy or additional copies of this notice.

Please feel free to ask us any questions regarding this notice. We also have the right to update, modify or change this notice, as required by law. We will notify our patients if any updates, modifications, or changes do take place.

We pledge to our patients that our staff will continuously be educated and that any staff violating the HIPAA requirements and law will be disciplined, which could include termination of employment.