V. YOUR HEALTH INFORMATION RIGHTS

You have the following individual rights concerning your PHI:

A. Right to Inspect and Copy. Subject to certain limited exceptions, you have the right to access your PHI and to inspect and copy your PHI as long as we maintain the data. If Saint Francis Healthcare denies your request for access to your PHI, Saint Francis Healthcare will notify you in writing with the reason for the denial. For example, you do not have the right to psychotherapy notes or to inspect the information which is subject to law prohibiting access. You may have the right to have this decision reviewed.

You also have the right to request your PHI in electronic format in cases where Saint Francis Healthcare utilizes electronic health records. You may also access information via a patient portal if made available by Saint Francis Healthcare.

You will be charged a reasonable copying fee in accordance with applicable federal or state law to Saint Francis Healthcare, including your reason to support the requested amendment.

B. Right to Amend. You have the right to amend your PHI for as long as Saint Francis Healthcare maintains the data. You must make your request for amendment of your PHI in writing to Saint Francis Healthcare, including your reason to support the requested amendment.

However, Saint Francis Healthcare will deny your request for amendment if:

• Saint Francis Healthcare did not create the information;
• The information is not part of the designated record set;
• The information would not be available for your inspection (due to its condition or nature); or
• The information is accurate and complete.

If Saint Francis Healthcare denies your request for changes in your PHI, Saint Francis Healthcare will notify you in writing with the reason for the denial. Saint Francis Healthcare will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that Saint Francis Healthcare include a copy of that rebuttal. Saint Francis Healthcare will consider your request but is not required to agree to the requested restrictions.

C. Business Associates. Saint Francis Healthcare will share your PHI with its business associates and their Subcontractors contracted to perform business functions on Saint Francis Healthcare’s behalf, including Trinity Health which performs certain business functions for Saint Francis Healthcare.

D. Right to Request Restrictions. You have the right to request restrictions on disclosures of your PHI to carry out treatment, payment or health care operations functions or to prohibit such disclosure. However, Saint Francis Healthcare will consider your request but is not required to agree to the requested restrictions.

E. Right to Request Restrictions to a Health Plan: You have the right to request a restriction on disclosure of your PHI to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items received or services rendered.

F. Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Saint Francis Healthcare only contact you at work or by mail.

G. Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

VI. BREACH OF UNSECURED PHI

If a breach of unsecured PHI affects you, Saint Francis Healthcare will notify you in writing with the reason for the breach. Saint Francis Healthcare will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that Saint Francis Healthcare include a copy of that rebuttal.

VII. SHARING AND JOINT USE OF YOUR HEALTH INFORMATION

A. Medical Staff. The medical staff and Saint Francis Healthcare participate together in an organized health care arrangement to deliver health care to you. Both Saint Francis Healthcare and medical staff have agreed to abide by the terms described below:

• To correctional institutions or law enforcement officials.
• To make your request for an accounting of disclosures of your PHI in writing to Saint Francis Healthcare. You must include the time period of the accounting, which may not be longer than 6 years. In any given 12-month period, Saint Francis Health care will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

B. Membership in Trinity Health. Saint Francis Healthcare and members of Trinity Health participate together in an organized health care arrangement for utilization review and quality assessment activities. We have agreed to abide by the terms of this Notice with respect to PHI created or received as part of utilization review and quality assessment activities of Trinity Health and its members. Members of Trinity Health will abide by the terms of their own Notice of Privacy Practices in using your PHI for treatment, payment or health care operations. As a part of Trinity Health, a national Catholic health care system, Saint Francis Healthcare and other hospitals, nursing homes, and health care providers in Trinity Health share your PHI for utilization review and quality assessment activities of Trinity Health, the parent company, and its members. Members of Trinity Health also use your PHI for their treatment, payment to Saint Francis Healthcare and/or for the health care operations performed by HIPAA with respect to our mutual patients.

Please go to Trinity Health’s websites for a listing of member organizations at http://www.trinity-health.org. Or, alternatively, you can call Saint Francis Healthcare’s Privacy Officer to request the same.

C. Right to an Accounting: You have the right to request an accounting of disclosures of your PHI created or received as part of delivery of health care operations; or

For national security or intelligence purposes; or

To persons involved in your care;

For national security or intelligence purposes; or

For national security or intelligence purposes; or

To correctional institutions or law enforcement officials.

You must make your request for an accounting of disclosures of your PHI in writing to Saint Francis Healthcare. You must include the time period of the accounting, which may not be longer than 6 years. In any given 12-month period, Saint Francis Healthcare will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

D. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions or to prohibit such disclosure. However, Saint Francis Healthcare will consider your request but is not required to agree to the requested restrictions.

E. Right to Request Restrictions to a Health Plan: You have the right to request a restriction on disclosure of your PHI to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items received or services rendered.

F. Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Saint Francis Healthcare only contact you at work or by mail.

G. Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

VI. BREACH OF UNSECURED PHI

If a breach of unsecured PHI affects you, Saint Francis Healthcare will notify you in writing with the reason for the breach. Saint Francis Healthcare will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that Saint Francis Healthcare include a copy of that rebuttal. Saint Francis Healthcare will consider your request but is not required to agree to the requested restrictions.

C. Right to an Accounting: You have the right to receive an accounting of the disclosures of your PHI that Saint Francis Healthcare has made, except for the following disclosures:

• To carry out treatment, payment or health care operations;
• To you;
• To persons involved in your care;

For national security or intelligence purposes; or

• To correctional institutions or law enforcement officials. 

You must make your request for an accounting of disclosures of your PHI in writing to Saint Francis Healthcare. You must include the time period of the accounting, which may not be longer than 6 years. In any given 12-month period, Saint Francis Healthcare will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

D. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions or to prohibit such disclosure. However, Saint Francis Healthcare will consider your request but is not required to agree to the requested restrictions.

E. Right to Request Restrictions to a Health Plan: You have the right to request a restriction on disclosure of your PHI to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items received or services rendered.

F. Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Saint Francis Healthcare only contact you at work or by mail.

G. Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

VI. BREACH OF UNSECURED PHI

If a breach of unsecured PHI affecting you occurs, Saint Francis Healthcare is required to notify you of the breach.

VII. SHARING AND JOINT USE OF YOUR HEALTH INFORMATION

In the course of providing care to you and in furtherance of Saint Francis Healthcare’s mission to improve the health of the community, Saint Francis Healthcare will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

A. Medical Staff. The medical staff and Saint Francis Healthcare participate together in an organized health care arrangement to deliver health care to you. Both Saint Francis Healthcare and medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care to you by Saint Francis Healthcare. Physicians and allied health professionals who are members of Saint Francis Healthcare’s medical staff will have access to and use your PHI for treatment, payment and health care operations purposes related to your care within Saint Francis Healthcare. Saint Francis Healthcare will disclose your PHI to the medical staff and allied health professionals for treatment, payment and health care operations.

B. Membership in Trinity Health. Saint Francis Healthcare and members of Trinity Health participate together in an organized health care arrangement for utilization review and quality assessment activities. We have agreed to abide by the terms of this Notice with respect to PHI created or received as part of utilization review and quality assessment activities of Trinity Health and its members. Members of Trinity Health will abide by the terms of their own Notice of Privacy Practices in using your PHI for treatment, payment or health care operations. As a part of Trinity Health, a national Catholic health care system, Saint Francis Healthcare and other hospitals, nursing homes, and health care providers in Trinity Health share your PHI for utilization review and quality assessment activities of Trinity Health, the parent company, and its members. Members of Trinity Health also use your PHI for their treatment, payment to Saint Francis Healthcare and/or for the health care operations performed by HIPAA with respect to our mutual patients.

Please go to Trinity Health’s websites for a listing of member organizations at http://www.trinity-health.org. Or, alternatively, you can call Saint Francis Healthcare’s Privacy Officer to request the same.

C. Business Associates. Saint Francis Healthcare will share your PHI with its business associates and their Subcontractors contracted to perform business functions on Saint Francis Healthcare’s behalf, including Trinity Health which performs certain business functions for Saint Francis Healthcare.

VIII. CHANGES TO THIS NOTICE

Saint Francis Healthcare will abide by the terms of the Notice currently in effect. Saint Francis Healthcare reserves the right to make material changes to the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. Saint Francis Healthcare will distribute / provide you with a revised Notice at your first visit following the revision of the Notice in cases where it makes a material change in the Notice. You can also ask Saint Francis Healthcare for a current copy of the Notice at any time.

IX. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Saint Francis Healthcare’s Privacy Official or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing directly to Saint Francis Healthcare’s Privacy Official. To file a complaint with St. Francis Healthcare Services, contact the Privacy Officer at St. Francis Hospital, 7th & Clayton Streets, Wilmington, Delaware, 19805. All complaints must be submitted in writing. Saint Francis Healthcare assures you that there will be no retaliation for filing a complaint. You will not be retaliated against for filing any complaint.

X. PRIVACY OFFICIAL – QUESTIONS/CONCERNS/ADDITIONAL INFORMATION

If you have any questions, concerns, or want further information regarding the issues covered by this Notice of Privacy Practice or seek additional information regarding Saint Francis Healthcare’s privacy policies and procedures, please contact Saint Francis Healthcare’s Privacy Officer at 302-421-4847.
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.

Effective Date: April 14, 2003
Revised: September 23, 2021

Saint Francis Healthcare is required by the Health Insurance Portability and Accountability Act of 1996, and the Health Information Technology for Economical and Clinical Health Act (found in Title XII of the American Recovery and Reinvestment Act of 2009) (collectively referred to as “HIPAA”), as amended from time to time, to maintain the privacy of individually identifiable patient health information (this information is “protected health information” and is referred to hereinafter as “PHI”). We are required to provide patients with a Notice of Privacy Practices regarding PHI. We will only use or disclose your PHI as permitted or required by applicable state laws.

This Notice applies to your PHI in our possession including the medical records generated by us. Saint Francis Healthcare understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how we will use and disclose your PHI.

Saint Francis Healthcare is required by the Health Information Exchange (HIE) to exchange your protected health information with Delaware Health Information Network for the purpose of improving the overall quality of health care services provided to you (e.g., avoiding unnecessary duplicate testing). The electronic health records will include sensitive diagnoses such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse, etc. The HIE is functioning as part of the Delaware Health Information Exchange (DHIN). The HIE will transmit, maintain and store your PHI for treatment, payment and health care operation purposes. The HIE has a duty to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality and integrity of your medical information. You have the right to “opt-out” and prevent your health information from being sent to the Delaware Health Information Network by completing and submitting an “Opt-Out” form directly to the DHIN.

If you have any questions, please contact DHIN at 1-888-933-3446.

Visit the DHIN website: www.DHIN.org

F. Health Information Exchange: Saint Francis Healthcare shares your health records electronically with Delaware Health Information Network for the purpose of improving the overall quality of health care services provided to you (e.g., avoiding unnecessary duplicate testing). The electronic health records will include sensitive diagnoses such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse, etc. The HIE is functioning as part of the Delaware Health Information Exchange (DHIN). The HIE will transmit, maintain and store your PHI for treatment, payment and health care operation purposes. The HIE has a duty to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality and integrity of your medical information. You have the right to “opt-out” and prevent your health information from being sent to the Delaware Health Information Network by completing and submitting an “Opt-Out” form directly to the DHIN.

II. PERMITTED USE OR DISCLOSURE WITH AN OPPORTUNITY FOR YOU TO AGREE OR OBJECT

A. Marketing:

Saint Francis Healthcare will use and disclose PHI for the purposes of: • Fundraising Activities: Saint Francis Healthcare will use and disclose some of your PHI to a related foundation or other charitable organizations. For example, Saint Francis Healthcare may disclose your demographic information, your treatment dates of service, treating physician information, demographic information, and insurance information to the foundation who may ask you for a monetary donation. Any fundraising communication sent to you will let you know how you can exercise your right to opt-out of receiving such communications in the future.

B. Research:

Saint Francis Healthcare will use and disclose your PHI without your authorization to medical researchers who request it for approved medical research purposes. Researchers are required to safeguard all PHI they receive.

C. Fundraising Activities:

Saint Francis Healthcare will use and disclose your PHI for the purposes of fundraising. You will receive a general newsletter or specific information based on your own health concerns.

D. Right to Request

If you are an inmate of a correctional institution, you have the right to request that your name not be given to any member of the clergy. You have the right to request that your PHI not be shared with people who ask for you by name. You have the right to request that your name not be included in the facility directory while you are a hospital patient.

E. Other Uses and Disclosures:

A. Medical Research:

Saint Francis Healthcare will disclose your PHI to others as required by law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

B. Required by Law:

You have the right to request that your PHI not be disclosed if you believe that your life is threatened.

C. Public Health Oversight or Safety:

Saint Francis Healthcare will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies.

D. Coroners, Medical Examiners, Funeral Directors:

You have the right to request that your PHI not be disclosed if you are a member of the clergy.

E. Other Uses and Disclosures:

You have the right to request that your PHI not be disclosed if you believe that your life is threatened.

IV. USE OR DISCLOSURE PERMITTED OR REQUIRED BY PUBLIC POLICY OR LAW WITHOUT YOUR AUTHORIZATION

A. Law Enforcement Purposes:

Saint Francis Healthcare will disclose your PHI for law enforcement purposes for certain law enforcement work such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

B. Required by Law:

Saint Francis Healthcare will disclose PHI about you when required by federal, state or local law. Examples include disclosures in response to a court order / subpoena, mandated state reporting (e.g., gunshot wounds, victims of child abuse or neglect), or information necessary to comply with other laws such as workers’ compensation, etc. Saint Francis Healthcare will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies.

C. Public Health Oversight or Safety:

Saint Francis Healthcare will disclose your PHI to a public health authority as required by law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

D. Sale of PHI:

Subject to certain limited exceptions, your written authorization is required in cases where Saint Francis Healthcare will share any direct or indirect financial remuneration in exchange for making the communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you.

E. Other Uses and Disclosures:

You have the right to request that your PHI not be disclosed if you believe that your life is threatened.

F. Specialized Government Functions:

Saint Francis Healthcare will disclose PHI to others as required by law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

G. Immunizations:

Saint Francis Healthcare will disclose your PHI to others as required by law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.