



**Delaware Health
and Social Services**

**Division of Substance
Abuse and Mental Health**

PRIVACY NOTICE

**For
Behavioral Health
Programs**

Effective April 14, 2003

Delaware Health and Social Services

Division of Substance Abuse & Mental Health

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

**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.**

**Understanding the Type of
Information We Have.** We get
information about you when you are
treated by our health providers. It
includes your date of birth, sex, ID
number, and other personal information.
We also get bills, reports from your

doctor, and other data about your
medical care.

Our Privacy Commitment to You. We
care about your privacy. The
information we collect about you is
private. We are required by law to give
you a notice of our privacy practices and
to maintain the privacy of your protected
health information. Only people who
have both the need and the legal right
may see your information. Unless you
give us permission in writing, we will
only disclose your information for
purposes of treatment, payment, business
operations or when we are required by
law to do so.

- **Treatment.** We may disclose
medical information about you to
coordinate your health care. For
example, we may notify your doctor
about care you get in a clinic or we may
contact you to remind you of an
appointment.

- **Payment.** We may use and
disclose information so the care you get
can be properly billed and paid for. For
example, we may send a bill to your
insurance company for payment.

- **Health Care Operations.** We
may need to use and disclose
information for our health care

operations. For example, we may use
information to review the quality of care
you get.

- **As Required By Law.** We will
release information when we are
required by law to do so. Examples of
such releases would be for law
enforcement or national security
purposes, subpoenas or other court
orders, abuse or neglect reporting,
communicable disease reporting,
disaster relief, review of our activities by
government agencies, to avert a serious
threat to health or safety or in other
kinds of emergencies.

- **With Your Permission.** If you
give us permission in writing, we may
use and disclose your personal
information in ways other than those
described above. If you give us
permission, you have the right to change
your mind and revoke it. This must be
in writing, too. We cannot take back
any uses or disclosures already made
with your permission.

Your Privacy Rights

You have the following rights regarding
the health information that we have
about you. Your requests must be made
in writing to the Division of Substance

Abuse and Mental Health at the address below.

- **Your Right to Inspect and Copy.** In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.
- **Your Right to Amend.** You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.
- **Your Rights to a List of Disclosures.** You have the right to ask for a list of disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Your Right to Request Restrictions on Our Use or Disclosure of Information.** You have the right to ask for limits on how your information is used or disclosed. We are not required to agree to such requests.

- **Your Right to Request Confidential Communications.** You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request.

Changes to this Notice

We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published on our web site. Go to:

<http://www.state.de.us/dhss/dsamh/dmhhome.htm>

If the changes are material, a new notice will be given to you before it takes effect.

How to Use Your Rights Under This Notice

If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

- **Complaints and Communications to Us.** If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to:

Privacy Officer
Division of Substance Abuse and Mental Health
1st Floor, Main Building
1901 N. DuPont Highway
New Castle, DE 19720
(302) 255-9399

You will not be penalized for filing a complaint.

- **Complaints to the Federal Government.** If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

Region III
Office for Civil Rights
U.S. Dept. of Health & Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111
Phone: 215 861-4441
Hotline: 800 368-1019
Fax: 215 861-4431
TDD: 215 861-4440
Email: OCRCComplaint@hhs.gov

You will not be penalized for filing a complaint with the federal government.

Copies of this Notice

You have the right to receive an additional copy of this notice at any time. Please call or write to us to request a copy.

Delaware Health and Social Services

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