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## PRIVACY POLICY NOTICE TO PATIENTS

This notice describes how medical information about you may be used and disclosed and how to get access to this information. **PLEASE READ IT CAREFULLY.**

### 1. Your Protected Health Information

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

We keep records of the medical care we provide. We also may receive medical records from others. We use these records to provide and allow other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan, and to allow us to meet our professional and legal obligations to operate our medical practice properly. If you have any questions about this notice, please contact our office, information listed on each page.

### 2. Uses and Disclosures of Your Protected Health Information

This section describes how we may use and disclose your protected health information for treatment, payment, and health care operations purposes. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

Our medical practice collects your health information and keeps it in an electronic health record (EHR) on a computer. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes.

#### *Treatment*

We may use and disclose your protected health information for our treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- ❖ During an office visit, practice physicians and other staff involved in your care may review your medical record and share and discuss your medical information with each other
- ❖ We may share and discuss your medical information with an outside physician to whom we have referred you for care or are consulting regarding you.



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- ❖ We may share and discuss your medical information with an outside laboratory, radiology center, or other health care facility where we have referred you for testing.
- ❖ We may share and discuss your medical information with an outside home health agency, durable medical equipment agency or other health care provider to whom we have referred you for health care services and products.
- ❖ We may share and discuss your medical information with a hospital or other health care facility where we are admitting or treating you or referring you for admission or treatment.
- ❖ We may share and discuss your medical information with another health care provider who seeks this information for the purpose of treating you.
- ❖ We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
- ❖ We may use a patient sign-in sheet in the waiting area, which is accessible to all patients.
- ❖ We may page patients in the waiting room when it is time for them to go to an examining room.
- ❖ We may contact you to provide appointment reminders leaving the practice name and doctors name as part of the message.

#### *Payment*

We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, from your health insurer. Some examples of payment uses and disclosures include:

- ❖ Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.
- ❖ Submission of a claim form to your health insurer.
- ❖ Sharing your demographic information (for example, your address) with other health care providers who seek this information to obtain payment for health care services provided to you.
- ❖ Mailing you bills in envelopes with our practice name and return address.
- ❖ Provision of a bill to a family member or other person designated as responsible for payment for services rendered to you.
- ❖ Allowing your health insurer access to your medical record for a medical necessity or quality review audit.
- ❖ Contacting you and/or leaving messages for you at any telephone number provided by you regarding balances owed by the patient or the patient's guarantor.
- ❖ Providing information to a collection agency or our attorney for purposes of securing payment of a delinquent account.
- ❖ Disclosing information in a legal action for purposes of securing payment of a delinquent account.



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#### *Health Care Operations*

We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our “business associates,” such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

#### *Uses and disclosures for other purposes*

We may use and disclose your protected health information for other purposes. This section generally describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in a category will be listed. Some examples fall into more than one category – not just the category under which they are listed.

#### Individuals involved in care or payment for care:

We may disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, a family member, or close friend.

#### Notification purposes:

We may use and disclose your protected health information to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care, regarding your location, general condition, or death. For example, if you are hospitalized, we may notify a family member of the hospital and your general condition. In addition, we may disclose your protected health information to a disaster relief entity, such as the Red Cross, so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general condition, or death.

#### *Required by law*



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We may use and disclose protected health information when required by federal, state, or local law. For example, we may disclose protected health information to comply with mandatory reporting requirements involving births and deaths, child abuse, disease prevention and control, vaccine-related injuries, medical device-related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairments, and blood alcohol testing.

**Other public health activities:**

We may use and disclose protected health information for public health activities, including:

- ❖ Public health reporting, for example, communicable disease reports.
- ❖ Child abuse and neglect reports.
- ❖ FDA-related reports and disclosures, for example, adverse event reports.
- ❖ Public health warnings to third parties at risk of a communicable disease or condition.
- ❖ OSHA requirements for workplace surveillance and injury reports.

**Victims of abuse, neglect or domestic violence:**

We may use and disclose protected health information for purposes of reporting of abuse, neglect or domestic violence in addition to child abuse, for example, reports of elder abuse to the Department of Aging or abuse of a nursing home patient to the Department of Public Welfare.

*Health oversight activities:*

We may use and disclose protected health information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. For example, we may comply with a Drug Enforcement Agency inspection of patient records.

*Judicial and administrative proceedings:*

We may use and disclose protected health information disclosures in judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process. For example, we may comply with a court order to testify in a case at which your medical condition is at issue.

*Law enforcement purposes:*

We may use and disclose protected health information for certain law enforcement purposes.

*Threat to public safety:*

We may use and disclose protected health information for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

*Specialized government functions:*



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We may use and disclose protected health information for purposes involving specialized government functions including:

- ❖ Military and veterans activities
- ❖ Medical suitability determinations for the Department of State.
- ❖ Correctional institutions and other law enforcement custodial situations.

Workers' compensation and similar programs:

We may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Business associates:

Certain functions of the practice are performed by a business associate such as a billing company, an accountant firm, or a law firm. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf.

Marketing:

Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

Sale of Health Information:

We will not sell your health information without your prior written authorization.

Creation of de-identified information:

We may use protected health information about you in the process of de-identifying the information. For example, we may use your protected health information in the process of removing those aspects which could identify you so that the information can be disclosed to a researcher without your authorization.



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#### Incidental Disclosures:

We may disclose protected health information as by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in the waiting room.

#### Change of Ownership.:

In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

#### Breach Notification:

In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

### **3. When This Medical Practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

### **4. Patient Privacy Rights For Health Information**

#### *Right to Request Special Privacy Protections*

You have a right to request restrictions on use and disclosure of your protected health information to carry out treatment, payment, or health care operations, to someone who is involved in their care or the payment for your care, or for notification purposes. If you tell us not to disclose your information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We are not required to agree to this request.

To request a further restriction, you must submit a written request to our office. The request must tell us: (a) what information you want restricted, (b) how you want the information restricted, and (c) to whom you want the restriction to apply.

#### *Confidential Communication*

You have a right to request that we communicate your protected health information to you by a specific means or at a specific location. For example, you might request that we only contact you by



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mail, at work, or to a particular e-mail address. We are not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications, you must submit a written request to our office. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

#### *Right to an Accounting of Disclosures*

You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for those about treatment, payment, and health care operations, notification and communication with family and specialized government functions, or disclosures for purposes of public health which exclude direct patient identifiers which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### *Right to Inspect and Copy*

You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

#### *Right To Amendment*

You have a right to request that we amend protected health information that we maintain about you in a designated records set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our practice. The request must specify each change that you want and provide a reason to support each requested change.



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### *Paper or Electronic Copy of Privacy Notice*

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. To obtain a copy, contact our office. The current privacy notice is also listed on our website at [www.easde.com](http://www.easde.com) under the Resources tab.

### *Choose Someone To Act For You*

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

### Get An Electronic or Paper Copy of Your Medical Record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this (our contact information is on the top of every page of this notice). We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

## **5. Changes to This Notice**

EAAS reserves the right to change this notice at any time, and the changes will apply to all information we have about you. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change including information that we created or received prior to the effective date of the change.

We will post a copy of our current notice in the waiting room for the practice. At any time, patients may review the current notice. Patients also may access the current notice at our website at [www.easde.com](http://www.easde.com). The new notice will be available upon request in our office and on our website.

## **6. Complaints**

If you believe that we have violated your privacy rights, you may submit a complaint to the practice or the Secretary of Health and Human Services (HHS). To file a complaint with the practice, submit a complaint in writing to our practice. You will not be penalized in any way for filing a claim.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to HHS. *You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.* We will not retaliate against you for filing a complaint.

## **7. Legal Effect of This Notice**





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This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.

Effective Date: November 8, 2022

Last Updated: November 8, 2022