

Notice of Privacy Practices

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

AFPS Responsibilities

- Ability Focused Professional Services, LLC. (AFPS) is a “covered entity” under HIPAA. As a covered entity, AFPS is required by law to maintain the privacy of your Protected Health Information (PHI), and to give you notice about our privacy practices, our legal duties, and your rights concerning your PHI. AFPS is also required to notify you of any breach of your unsecured PHI.

HEALTH INFORMATION RIGHTS

- **Right to Inspect and Copy:** With certain exceptions, you have the right to inspect or copy the PHI that we maintain on you. You must make a request in writing to obtain access to your PHI. Request must be made to: AFPS Management Department 124 Stanley Lane, New Castle, DE 19720 or by email Office@afpsde.org. If you request copies, we may charge a reasonable, cost-based fee for staff time, postage, and printing cost.
- **Right to Amend:** you have the right to request that we amend the PHI that we maintain on you. We may deny your request to amend PHI if: (a) we did not create it and the originator remains available; (b) it is accurate and complete; (c) it is not part of the information that we maintain; or (d) it is not part of the information that you would be permitted to inspect or copy.
- **Right to Confidential Communications:** You have the right to request that we contact you in a specific way or send mail to a different address.
- **Right to Request Restrictions:** You have the right to request restrictions on how we use or disclose PHI.
- **Right to Disclosure Accounting:** You have the right to receive an accounting of the disclosures we have made of your PHI.
- **Breach Notification:** You have the right to be notified by us if there is a breach of your unsecured PHI.
- **Copy of Notice:** You have the right to receive a paper copy of this notice upon request.



**Ability Focused
Professional
Services**

YOU DO NOT HAVE TO DO ANYTHING. THIS NOTICE IS JUST FOR YOUR INFORMATION.

If you wish to inspect, copy, amend, make restrictions, or obtain your health information you must request it in writing to the: AFPS Management Department 124 Stanley Lane, New Castle, DE 19720 or by email Office@afpsde.org.

AFPS may use and disclose your protected health information without your authorization for treatment, payment and operational needs. We have listed the allowed uses and releases for which your authorization is not required below.

- **For Treatment:** We may share information about you to help you get health care. For example, we may tell your doctor about care you get in an emergency room.
- **For Business Operations:** We may need to use and share information for our business operations. For example, we may use information to review the quality of the service you get.
- **Exceptions.** For certain kinds of records, your permission may be needed even for release for treatment, payment, or business operations.
- **As Required by Law.** We will share information when we are required by law to do so. Examples of such release would be law enforcement or in response to a court order or subpoena. We may also share information to prevent a serious threat to health, safety or other emergencies. We may also share information to allow government agencies to review our activities.
- **With your Permission.** If you give us permission in writing, we may use and share your information. If you give us permission, you have the right to change your mind and take it back. This must be in writing too. We cannot take back any uses already made with your permission.

AFPS has the right to change this notice. A changed notice will be for information we already have as well as information we get in the future. We must follow whatever notice is currently in effect. We will send a new notice to you if the change we make is important.

If you believe your privacy rights have been violated, you may file a complaint by writing to:

Stockley Center
Attention: HIPAA Privacy/Complaints Officer
26351 Patriots Way Georgetown, DE 19947

Or:

Region III, Office for Civil Rights, U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372, Public Ledger Building
Philadelphia, PA 19106-3499
Main Line (215) 861-4441
Hotline (800) 368-1019

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