# **HIPAA Notice of Privacy Practices**

We are responsible for protecting your health information. We are required to:

- Maintain the privacy of your health information
- Give you this notice and follow the terms of the notice currently in effect
- Inform you if there is unauthorized sharing of your health information

# **Details on Your Rights**

You can get copies of your Health Information on paper or electronically

- You must make your request in writing
- We may charge reasonable copying fees

You can change your Health Information

- You must make your request in writing
- You must give a reason for the request
- We are not required to make the change, but will add your request to your record

You can get a list of ways your Health Information has been shared

- You must make your request in writing
- We will give you a list of disclosures of your Health Information
- The list will not include disclosures for treatment, payment, or healthcare operations
- The list will not include disclosures that you authorized

You can ask us to contact you in specific ways

- For example, you may ask us not to contact you at home.
- You must make your request in writing
- We are not required to grant your request

You can limit use of your Health Information

- If you pay in full before we bill your insurance, you may ask that we not tell your insurance company about some or all of your care
- We are required to grant your request
- You can ask to restrict certain other uses, though we are not required to grant those requests
- You must make your request in writing

You can complain about the privacy of your Health Information

• We will not retaliate against you for filing any kind of complaint

We can confirm you are in the birth center to someone who asks for you by name

- We will use our professional judgment to decide whether to disclose your presence
- You can ask us not to disclose your presence

# How we use and share your Health Information

## Treatment

- Your midwives use your health information to monitor your wellbeing and the wellbeing of your baby, and to recommend tests, therapies, and medications
- Other employees and students may need to know about your information
- We may share your information with your other care providers

### Payment

• We may use your health information to get paid. For example, we disclose your health information when billing insurance

### Appointment reminders, via email or phone

- Our scheduling system sends automatic appointment reminders via email that identify you, your appointment type, and our facility
- We may occasionally provide reminders by phone
- You can ask us not to send reminders

### Your family, friends, and others involved in your care

- Using our professional judgment, we may share appropriate health information with your family or friends who are involved in your care or payment
- You can ask us not to disclose to certain people, or to anyone

#### Health care operations

- Your health information can be disclosed in the process of normal health care operations, for example:
  - o Quality improvement activities, such as risk management, peer and incident review
  - o Training student midwives
  - o Legal and insurance purposes
- If this requires associates such as our attorney, biller, midwifery school, etc) to have access to your Health Information, we will require them to commit to protecting your information

#### Research

- We may provide your de-identified health information for research purposes
- You may request that we do not

#### Marketing

• We will disclose your Health Information for marketing purposes only with your written approval

## As required or allowed by law