



## HIPAA

### Privacy Practices and Policies

Please review them carefully.

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice describes how medical information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your individually identifiable information.

Our responsibilities to your privacy are to maintain the privacy of your health information, to provide you with this notice of privacy protection, and to abide by the privacy policies and practices outlined in this notice.

#### Uses and disclosures:

**Treatment:** Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment:** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on date of service, the services provided, and the medical condition being treated.

**Health care operations:** Your health information may be used as necessary to support the day to day activities and management of our practice. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law enforcement:** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

**Public health reporting:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state public health department.

**Appointment reminders:** Your health information will be used to remind you of your future appointment.

**Other uses and disclosures require your authorization:** Disclosure of your health information or its use for any other purpose other than those listed above requires your specific written permission. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

#### Individual rights:

You have certain rights under the federal privacy standard including the right to:

- Request restrictions on the use and disclosure of your protected health information (PHI);
- Receive confidential communications concerning your medical condition and treatment;
- Inspect a copy of your PHI;
- Amend or submit corrections to your PHI;
- Receive an accounting of how and to whom your PHI has been disclosed;
- Receive a printed copy of this notice.

#### If you have a comment or complaint:

If you would like to submit a comment or complaint or need further information about our privacy practice, you can do so by sending a letter outlining your concerns to our clinic. If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

#### Right to revise privacy practices:

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all PHI we maintain.

#### Requests to inspect protected health information:

You may generally inspect or copy the PHI that we maintain. As permitted by federal regulation, we require that the requests to inspect or copy PHI be submitted in writing. You may obtain a form to request access to your records by contacting the midwife. Your request will be reviewed and generally approved unless there are legal or medical reasons to deny the request.