

Skaidre Brown, Licensed Midwife, PLLC

Phone: (360) 421-5140 Fax: 1(888)728-0157 www.skaidrebrownmidwife.com

Notice of Privacy Practices/HIPAA

According to the Health Insurance Portability and Accessibility Act (HIPAA) the client's health care provider, Skaidre Brown, LM, CPM, can use your health information in the process of providing care, treatment, and payment. The following information describes your rights, your healthcare provider's responsibility, and how your information may be used. If at any time you would like a more detailed copy of your rights, your choices, and our uses and disclosures, one will be provided for you.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Raise funds
- Train assistants and students

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Our Responsibilities

- 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.

Protected Health Information: Your Protected Health Information is the information we collect while you visit your health care provider. This includes:

- Your family, medical, and obstetric history

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- Progress notes, including notes from conversations we have and current health information
- Laboratory reports
- Information about medications, herbs, or homeopathic remedies you are taking
- Billing and insurance information
- Records we receive from others who have provided care for you

The information in the records is yours, you may read it, request a copy, review it, or inspect it.

Commitment to Your Privacy: Although the midwife is committed to your privacy there may be times she needs to share your personal health information. These times include:

- Medical consultations, referrals, transfer of care, lab, or ultra sound
- To obtain payment for services provided
- Peer review, training assistants, certification or credentialing activities
 - The midwife regularly attends peer review per credentialing requirements and may need to share your personal health information for the purpose of reviewing the midwife's professional conduct.
 - The midwife does not work with students at this time. If the midwife begins to work with students the Notice of Privacy Practices will be updated to reflect that.

This sharing of your information will only be done after discussing it with you and providing you with an Authorization Form to allow this. You may revoke your authorization at any time in writing.

Emergency Situations: Using the midwife's professional judgement, in an emergency situation your information may be disclosed to a family member or another person responsible for your care. Only the information directly relevant to the emergency will be shared.

Marketing: At no time will your information be sold or used for marketing communication without written consent.

Abuse or Neglect: If we believe you are a victim of abuse, neglect, domestic violence, or other crimes, we reserve the right to disclose your health information to the appropriate authorities to the extent necessary to prevent any serious threat to your safety or other's safety.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: September 28, 2020 **Privacy Official:** Skaidre Brown, LM, CPM **Phone:** 360-421-5140 **email:** skaidrebrwn@gmail.com

- Skaidre Brown, LM, CPM has my permission to disclose the following protected health information, please do not include the items checked below (if none are checked, all can be shared):
- Mental health status/results/treatment
 - Drug/alcohol treatment/referral
 - Genetic counseling
 - STD/HIV status/results

Only the following family members and friends have permission to my protected health information:

Client Name: _____

Client Signature: _____ Date: _____