



HIPPA Notice of Privacy Practices

The Birth Center: Holistic Women's Health Care LLC

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.**

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about your health or condition and related to health care services.

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
- Receive an accounting of certain disclosures we have made
- Ask us to limit the information we share
 - For purposes of treatment
 - Payment
 - Healthcare operations
- Get a list of those with whom we've shared your information
 - You may request that only part of your information be shared and your request must state the specific restriction and to whom the restriction applies
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint with us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. **We will not retaliate against you for filing such complaint.**

Under federal law, you may not inspect or copy the following records; psychology notes, information compiled in reasonable anticipation for use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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 safety and safety issues
- Training medical students
- Licensing and conducting other business activities
- We may disclose your information to Midwifery/Nursing school students that see patients in our office.
- To contact you to remind you of an appointment

We may use or disclose your protected health information in the following situations with your permission. These situations include as required by Law:

- Public Health and safety issues
- Legal proceedings
- Law Enforcement
- Work with a medical examiner or funeral director
- Respond to organ and tissue donation requests
- Military and National Security
- Address Workers' Compensation

Billing for your services

We can use and share your health information to bill and get payment from health plans or other entities. Example: Obtaining approval for health care may require that your relevant protected health information be disclosed.

How else can we use or share your health information?

We are not required to agree to the restriction that part of your protected health information **not** be disclosed to family members or friends if we believe it is in your best interest to use and disclose your protected health information.

Inmates Required Uses and Disclosures

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.