

## **Notice of Privacy Practices**

### A Birth To Remember Childbirth Services

We are committed to providing quality health care and respecting the privacy and confidentiality of your medical information. Our policies and procedures, outlined below, conform to state and federal laws. This notice describes how your medical information may be used and disclosed, and how you can access to your health record information. Please review this notice carefully.

Effective date: December 1, 2015

### **Information we need from you:**

- We may need to contact you by telephone to discuss your appointments, test results, treatment, referrals, account balance, or simply to return your phone call. We would first attempt to call you at the number you designate as your preferred number. However, if you are not available, we would call you at the other phone numbers you have provided. We may leave a message for you to call the office. We may also leave information to remind you of an upcoming appointment.
- We may mail correspondence to your home. Such correspondence may regard test results, appointments, and/or medical or non-medical information you have requested. Financial statements will be sent to the email address you have provided.
- In order to honor your request to release or send medical records to third parties, you will be required to sign a medical release form, which will be provided by this office.

### **What we do with your information:**

So that we may provide you with appropriate medical care, perform general practice functions, and/or obtain payment, we will provide information regarding the treatment received in this practice, the charges involved, and related information to other healthcare entities, such as:

- physicians or certified nurse midwives
- apprentices and backup midwives
- non-physician providers (e.g. physical therapist, nutritional counselors, lactation consultants, etc.) who work outside of this practice
- medical facilities (e.g. hospitals or clinics)
- laboratories (for the purpose of performing medical tests)
- other healthcare providers (e.g. pharmacies, durable medical equipment suppliers, ambulance services, and electronic prescription services)

- insurance companies, in order to obtain payment, review medical necessity, or provide case management
- state or federal agencies that require the submission of specific health-related information

Only information relevant to necessary care will be shared. This information may be transmitted or shared electronically via the US Postal Service, fax, internet, voice mail, and/or personal communication. In addition, these persons, entities, sites, and locations may share medical information with each other for the treatment, payment, or healthcare operations purposes as described in this notice.

**Note that in the case of an emergency, your midwife is not required to obtain your consent to share health information with emergency care providers.**

If you initiate a conversation containing Protected Health Information by text, email, text message, or Facebook message, that is implied consent to use that method as a form of communication and sharing of your private health information. Be aware that Facebook, regular email, and texting are NOT encrypted or secure. There is a secure encrypted app available for iPhone and Android called "Secured" that we could use for texting.

Students may use a copy of your chart with names, address, and phone number(s) marked out for verification of clinical documentation for their NARM CPM application. As members of Georgia Midwifery Association (GMA) we participate in regular peer review, which can sometimes necessitate confidential disclosure of health information for the purpose of reviewing cases. Full names are not released.

A photo of each baby born, as well as their first name, date of birth, and weight is typically put up on the practice website and the practice Facebook page. A shared calendar with due dates and names is accessed by the midwives and apprentices in the practice. Because my children are my childcare, my older children also have access to the shared calendar with your name on it. My children may be around the home when you come to your appointments. They may get to know your name and your children's names. They will know when I attend your birth. My husband knows when I have left for a birth and may know your name or due date as well as see my calendar.

#### **You and your health records:**

You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. For example, you can ask that we only contact you at work or by mail, or at another mailing address, besides your home address. We must accommodate your request, if it is reasonable. You are not required to provide us with an explanation as to the reason for your request. If you would like to receive copies of medical information after your treatment, you will need to specify the method and location at which the information should be sent to you.

You have the right to inspect and copy your protected health information (PHI). You may inspect and/or obtain a copy of your PHI, which is contained in a designated record set, for as long as we are required

by law to maintain it. A “designated record set” contains medical and billing records and any other records that your midwife and the practice use for making decisions about your care.

Your records are kept electronically in Mobile Midwife, an encrypted, HIPAA compliant, iPad-based medical records software. Any paper forms or records are scanned in and uploaded electronically and then returned to you or shredded.

Other uses and disclosures of medical information not covered by this notice or laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to reverse any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

If you believe your privacy rights have been violated, or have any questions or concerns with the policies and/or procedures noted above, please contact the practice manager to discuss them. We trust that you are comfortable with our efforts to maintain confidentiality of the information related to your medical care.

**I have read and understand these statements of the use of my Personal Health Information.**

**I authorize the following people to have access to my health records:** \_\_\_\_\_

\_\_\_\_\_ (initial) I give permission for my baby’s photo and first name, weight, and date of birth to be posted indefinitely on the ABTR website and Facebook page. I also give permission for any photos I send to the midwife (birth announcements, Christmas cards, etc.) to be posted indefinitely on the bulletin board in the office.

\_\_\_\_\_ (initial) I give permission for photos which I have approved for Facebook and the website to be used indefinitely for brochures, slideshows, educational handouts, Powerpoint presentations, or other educational or promotional materials created by ABTR.

\_\_\_\_\_ (initial) I agree to allow students and apprentices of A Birth To Remember Childbirth Services who are involved in my care to use my records, with my name removed, as verification of skills with the North American Registry of Midwives.

\_\_\_\_\_ (initial) I agree to allow Heather Eckstein to discuss my treatment and care with colleagues as part of professional peer review.

\_\_\_\_\_  
Name/ Date