

Northshore Midwives & Lactation Consulting

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NOTICE OF PRIVACY PRACTICES

This notice describes how health information may be used and disclosed and how you can get access to this information.

1. Our Pledge Regarding Health Information:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this practice. We are required by law to:

1. Make sure that protected health information ("PHI") that identifies you is kept private.
2. Give you this notice of our legal duties and privacy practices with respect to health information.
3. Follow the terms of the notice that is currently in effect.
4. We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in our office.

2. How We May Use and Disclose Health Information:

Federal privacy rules allow health care providers who have direct treatment relationship with the patient to use or disclose the patient's personal health information without the patient's written authorization to carry out the health care provider's own treatment and for payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. For example, if a midwife were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, to assist the clinician in diagnosis and treatment of your health condition.

3. Certain Uses and Disclosures Require Your Authorization:

We keep medical records and use, or disclosure of such records requires your Authorization unless the use or disclosure is:

1. For our use in treating you.
2. For our use in training or supervising student midwives.
3. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
4. Required by state or federal law

4. Certain Uses and Disclosures Do Not Require your Authorization:

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law.
2. For public health activities, including reporting abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.

5. You Have the Following Rights with Respect to Your PHI:

1. The Right to Choose How we Send PHI to You.
2. The right to ask us to contact you in a specific way.
3. The Right to See and Get Copies of Your PHI.
4. The Right to Get a List of the Disclosures we Have Made.
5. The Right to Correct or Update Your PHI.
6. The Right to Get a Paper or Electronic Copy of this Notice.

This notice went into effect on October 30, 2018