



INTEGRATED WELLNESS & CENTER FOR BIRTH, LLC.

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you (as a client of this practice) may be used and disclosed, and how you can get access to your individually identifiable protected health information.

Please review this notice carefully.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your *Individually Identifiable Protected Health Information* (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the *Notice of Privacy Practices* that we have in effect at the time. This Notice takes effect as of January 1, 2014, and will remain in effect until we replace it.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT US.

B. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which we may use and disclose your PHI without your specific authorization.

- 1. Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us provide you with the appropriate care. Many of the people who work for our practice – including, but not limited to, our midwives, nurses and nurse-practitioner – may use or disclose your PHI in order to treat you or to assist others in your treatment.

We may share your health information with any family member or friend who is involved in assisting with your health care. We will only do this if you agree or do not object, and will only share with them the information they need in order to help you. If you are unable to agree or object to such disclosure, we may disclose your health information as necessary if we determine that it is in your best interest based upon our professional judgment. We may disclose your PHI to a family member, relative or another person who was involved in your health care or payment for health care when you are deceased, if not inconsistent with your prior expressed preferences.

Finally, we may also disclose your PHI to other health care providers, such as our collaborative physicians, hospital personnel, and staff of laboratory and diagnostic facilities for purposes related to your treatment.

- 2. Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

- 3. Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

Please note that our office associates with Integrated Wellness & Center For Birth, LLC (IWCB) and that employees of IWCB may have access to your records for administrative, billing, or record keeping purposes. IWCB has entered into a written agreement with us stating that they will not use or disclose your health information, except as required by law.

- 4. Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment by phone or in writing
- 5. Disclosures Required By Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

C. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

- 1. Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - maintaining vital records, such as births and deaths
 - reporting child abuse or neglect
 - preventing or controlling disease, injury or disability
 - notifying a person regarding potential exposure to a communicable disease
 - notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - notifying government agency(ies), as required by law, regarding certain reportable communicable diseases

- reporting reactions to drugs or problems with products or devices
 - notifying individuals if a product or device they may be using has been recalled
 - notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
 - notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- 2. Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 3. Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- 4. Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
- 5. Research.** "Research" is any systematic investigation designed to develop or contribute to generalizable knowledge. We are permitted to use and disclose protected health information for research purposes, without an individual's authorization, provided that we obtain either: (1) documentation that an alteration or waiver of individuals' authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board; (2) representations from the researcher that the use or disclosure of the protected health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from our office, and that protected health information for which access is sought is necessary for the research; or (3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents, that the protected health information sought is necessary for the research, and, at our request, documentation of the death of the individuals about whom information is sought. We may also use or disclose a limited data set of protected health information for research purposes.
- 6. Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- 7. Military.** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

- 8. National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- 9. Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
- 10. Workers' Compensation.** Our practice may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

- 1. Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our office specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.
- 2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request** (with the exception of requests made for non-disclosure of out-of-pocket expenses to your health plan, as stated below); however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You may request a restriction by filling out the form provided below or by sending written notice of the restriction to our office. Please specify:
 - (a) the information you wish restricted;
 - (b) whether you are requesting to limit our practice's use, disclosure or both; and
 - (c) to whom you want the limits to apply.
- 3. Right to Restrict Disclosure to Health Plan.** You may request in writing, at the time of service that we not disclose information to health plans where you have paid for items or services out-of-pocket in full. We are required to abide by these requests in all circumstances, unless the disclosure is for treatment purposes or in the rare event that the disclosure is required by law.
- 4. Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to our office in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances.
- 5. Marketing Health-Related Services.** We will not use your health information for marketing communications without your written authorization. The only time we will inform you of third party services, without written authorization, is when 1) we receive no compensation for the communication; 2) the communication is face to face; 3) the communication involves a drug or biologic that you are currently being prescribed and the payment is limited to reasonable reimbursement of the costs of the communication (no profit); 4) the communication involves general health promotion, rather than the promotion of a

specific product or service; or 5) the communication involves government or government sponsored programs. We may give patients promotional gifts of nominal value (e.g. pamphlets).

6. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our office. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
7. **Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to our office. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure.
8. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact any office staff.
9. **Right to File a Complaint.** If you believe your privacy rights have been violated, you

may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Tara Elrod, CDM, Director 780 S. Snodgrass Rd., Palmer, AK 99645.** All complaints must be submitted in writing. **You will not be penalized for filing a complaint.** For more information about HIPPA or to file a complaint with HHS, contact The Office of Civil Rights, U.S. Department of Health and Human Services, 2201 Sixth Avenue – M/S: RX-11, Seattle, WA 98121-1831.

10. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.
11. **Right to Notification of Breach.** You have the right to be notified of any breach of health information as required by law.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact our office at 907-357-7781.