

# Seven Cities Midwifery Care

Jenny Derugen, LM, CPM ~757 622-2791 ❖ Terri Hewitt, LM, CPM, ~757 460-4318

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## Client Information Practices (HIPAA)

Our practice is dedicated to maintaining the privacy of your and your baby's health records during your pregnancy, labor and delivery, and the postpartum period. Each time we visit, a record of that visit will be recorded. We may disclose your individually identifiable health information in the following ways:

### ❖ Recommendations

We will use your health information to document your continued healthy, low-risk status as we work toward the goal of a safe home birth. We may ask you to have certain laboratory tests that will help us assess your status toward that end. This information may be used to make recommendations regarding the maintenance of that status. It also may be available to others who could assist in your care, for example, the assistant who will attend your birth.

### ❖ Payment:

We may use and disclose your health information and record in order to bill and collect payment for the services and items you may receive from us. This would most likely apply if you are medically insured in which case you may need us to furnish an itemized statement to submit to your insurance company.

### ❖ Health Care Operation

We may use your information to improve the operation of our business. For instance, we may review your record in order to assess the quality of care you receive and the accuracy of the record.

### ❖ Research

We may disclose information to researchers if the research proposal has been properly managed for your privacy. You will be notified and asked for specific permission if this should take place.

### ❖ Communication with other Health Care Providers:

Our practice is limited to the care of healthy pregnant women and their infants during the childbearing year. Once your child is born, we will provide information from your record to supply to your child's Pediatric Care Provider in order that your child may have a complete record at that provider site. If a complication should develop at any time during the course of your care, we may jointly decide that a medical consultation would be in order. At that time, of course, your information will need to be available to the receiving provider, to provide a full record of your care up to that point. If a situation should arise that requires the transfer of your care to another provider, we request permission to share your record with that provider, including the reason for the transfer.

### ❖ By Law

We may, for various reasons, be required to disclose your health information for reasons of law.

## Your Health Information Rights

Although your health record is the physical property of the practice, the information therein belongs to you and/or your child. As such, you have the following rights:

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- ❖ You may request that we refrain from using your information related to recommendation, payment, or health care operations. We ask that such requests be made in writing. We will review and consider each request individually. Please be very specific in your request. Let us know:
  1. what information you would like restricted;
  2. whether you are requesting to limit our practice's use, disclosure, or both;
  3. to whom the limits should apply
- ❖ You may request to be contacted by alternate means or at an alternate location. Again, please make your request in writing.
- ❖ You may request to inspect or copy your health record. We may charge a reasonable fee for copies. I will attempt to provide this information within thirty days.
- ❖ If you believe that any of the information in the record is incorrect or that important information is missing, you may request that we correct the existing information or add what you believe is missing. Please make your request in writing.

You may request a written accounting of disclosures we have made of your information. This is limited to disclosures other than recommendations, payment, or health care operations. We maintain these records for six years. We will respond to such a request within thirty days if possible. A reasonable fee may be charged.

- ❖ You have the right to a paper copy of this notice.
- ❖ We must obtain a written authorization from you to disclose information for purposes other than treatment, payment, or health care operations. You have the right to revoke this authorization, except to the extent we have already used or disclosed the information.

## Concerns and Complaints

If you are concerned that we may have violated your privacy rights or if you disagree with any decision we have made regarding the use or disclosure of your information, please contact us by phone or at the address listed on the first page of this document. You may also send a written complaint to the US Department of Health and Human Services.

## Changes to this Policy

We may change or update this policy at any time. When changes are made, a new "Notice of Privacy Practices" document will be posted in the office and will be provided to you. You may request an updated copy of the notice at any time.

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757-622-2791

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757-460-4318

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Client

Date

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