

Snohomish Midwives
57 Cedar Avenue
Snohomish, WA 98290
877-869-6105
Fax: 360-563-2662

Complete Notice of Privacy Practices (2/3/13)

This notice describes how medical information about you (otherwise known as your Protected Health Information) may be used and disclosed, and how you can get access to this information. Please review it carefully and sign it.

Snohomish Midwives respects your privacy. We understand that your personal health information may be very sensitive and therefore none of your Protected Health Information (PHI) will be disclosed to others unless you authorize its release or unless the law authorizes or requires its release.

Washington State and federal laws have been enacted to protect the privacy of your past, current, and future health information. As an example, your PHI includes but is not limited to information such as diagnosis, treatments, symptoms, test results, and health information from other providers.

Snohomish Midwives Responsibilities

Snohomish Midwives is required to:

- Keep your PHI private
- Give you this notice
- Follow the terms of this notice

Your Personal Health Information (PHI) Rights

The health and billing records that are created and stored throughout the duration of your care are the property of Snohomish Midwives, however, the PHI within said records generally belongs to you.

You have the right to:

- Receive, read, and ask questions about the most current paper copy of this notice.
- Request to see and receive a copy of your PHI.
- Have Snohomish Midwives review a denial of access that we enacted to your PHI.
- Ask Snohomish Midwives to change your health information. You must give this request in writing. You may write a statement of disagreement if your request is denied and it will be stored in your medical records, and included with any release of your records.
- Ask Snohomish Midwives to restrict certain uses and disclosures. You must deliver these requests in writing. Although in most cases Snohomish Midwives is not required by law to grant these specific requests our best effort will be made to comply with your wishes.
- Request a list of disclosures of your PHI. The list will not include third-party payors. You may receive this information without charge once every 12 months.
- Ask that your PHI be given to you by another means and at another location. Please give your request in writing, sign, and date it.
- Cancel prior authorizations to use or disclose your PHI by giving Snohomish Midwives a written revocation. Your written revocation cannot affect information that has already been released by Snohomish Midwives. It also cannot affect any action taken before we have your written revocation in-hand. Sometimes you cannot cancel an authorization if its purpose was/is to obtain insurance payment(s).

A few examples of how Snohomish Midwives may use and disclose your PHI to offer you maternity care, to receive payment for services, and to help maintain Snohomish Midwives' system of quality control without first seeking authorization from you are listed below.

In offering you maternity care:

- Snohomish Midwives may use and/or disclose your recorded past, current, and future PHI that has been obtained by a nurse, physician, obstetrician-gynecologist, nurse-midwife, licensed midwife, or any other licensed health care professional with other licensed professional health care workers in order to help decide what type of care is right for you and your baby.
- Snohomish Midwives may disclose your PHI to other care providers involved in the co-management or consultation of your care.

In order to receive payment for services offered/rendered:

- Unless you are paying for services rendered from Snohomish Midwives out-of-pocket, Snohomish Midwives will request payment for services from your health care insurance plan. In order to pay Snohomish Midwives for services rendered to you, your insurance company will require that Snohomish Midwives provide them with certain information from your PHI.

In order to help maintain Snohomish Midwives' system of quality control:

- Snohomish Midwives may use your records to assess quality and improve services.
- Snohomish Midwives may use and disclose the information within your records to review the qualifications and performance of our staff.
- Snohomish Midwives may use your PHI to contact you and give you relevant information about treatment alternatives or health-related benefits and services.
- Snohomish Midwives may use your PHI to conduct or arrange for services such as: medical quality review by your health plan, accounting services, legal services, risk management services, insurance services, and audit functions such as but not limited to fraud and abuse detection and compliance programs.

Additional examples of how Snohomish Midwives may use and disclose your PHI without your authorization are listed below.

- With Medical Researchers: if the research has been approved and has policies in place that protect the privacy of your PHI. We may also share information with medical researchers who are preparing to conduct a research project.

- With Coroners: when consistent with applicable laws in order to allow them to properly carry out their duties.

- With Organ Procurement Organizations (tissue donation and transplant): or with persons who obtain, store, or transplant organs.

- With the Food and Drug Administration (FDA): when your PHI relates to problems with food, supplements, or products.

- With Registries: as they relate to certain medical conditions under study.

- To Comply with Workers' Compensation Laws: if you make a Workers' Compensation Claim.

- For Public Health and Safety Services and Allowed or Required by Law to:

1. prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
2. to public health or legal authorities to protect public health and safety, to prevent or control disease, injury, or disability and to report vital statistics such as births or deaths.

- To Report Suspected Abuse or Neglect: to public authorities.

- To Correctional Institutions: if you are in jail or prison, as necessary for your health and the health and safety of others.

- For Law Enforcement Purposes: such as when we receive a subpoena, court order, or other legal process, or if you are the victim of a crime.

-For Health and Safety Oversight Activities: For example, Snohomish Midwives may share your PHI with the Department of Health.

-For Disaster Relief Purposes: Snohomish Midwives may share your PHI with Disaster Relief Agencies to assist in notification of your condition to family or others.

-For Work-Related Conditions that Could Effect your Health as an Employee: if your employer asks Snohomish Midwives to assess health risks on a job site.

-In the Course of Judicial/Administrative Proceedings: at your request, or as directed by a subpoena or court order.

Uses and disclosures not in this notice will be made only as allowed or required by law or with your written authorization.

If you have questions regarding this notice, if you need more information regarding your Personal Health Information Rights, if you need help understanding any aspect of this notice, or if you believe that your privacy rights have been violated, please speak directly with:

Snohomish Midwives Privacy Officer (Melissa Denmark, 877-869-6105
midwife@snohomishmidwives.com)

-or-

Privacy Office
Public Health Seattle & King County
999 Third Avenue, Suite 1200
Seattle, WA 98104
(206) 205-5975

-or-

Office for Civil Rights
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building, Room 509H
Washington, D.C. 20201
(866) 627-7748

If you believe that your privacy rights have been violated and wish to file a complaint, there cannot and will not be any retaliation enacted by Snohomish Midwives against you for doing so.

In signing this notice I agree that I have read this document in its entirety, that I understand my rights to privacy regarding my PHI under the Health Insurance Portability and Accountability Act (HIPAA), and that I have had the opportunity to ask questions regarding this notice.

Signature _____ Date ____/____/____

Printed Name _____

