

**NEW LIFE COMMUNITY MIDWIFERY  
NOTICE OF PRIVACY PRACTICES  
Effective 1/1/2006**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW  
YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

The privacy of your health information is important to us. We are required by law to:

- Maintain the privacy of your health information;
- Give you this Notice of our legal duties and privacy practices; and
- Follow the terms of this Notice.

This Notice will remain in effect until revised. We reserve the right to change our privacy practices and the terms of this Notice. Any changes we make will apply to all of the health information about you we maintain. We will make you aware of any changes by:

- Posting the revised Notice in our office;
- Making copies of the revised Notice available upon your request (either at our office or through the contact person listed in this Notice);
- Posting the revised Notice on our Web site.

**WHAT IS HEALTH INFORMATION?**

Your health information is information that identifies you and relates to:

- Your past, present or future physical or mental health or condition;
- The treatment we provide to you; or
- Payment for your past, present or future health care.

Your health information includes your name, address, Social Security number and other demographic information. Typically, we keep your health information in our medical record and our billing records.

**USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

***How may we use and disclose your health information?***

We use your health information to make sure we can appropriately treat you, receive payment for our services and conduct our necessary health care operations. Some examples are:

**Treatment:** The midwives and staff of New Life Midwifery will use your health information to determine the medical care, tests, procedures and medications you may need. We may disclose your health information to coordinate or manage your health care. For example, we may disclose your information to another health care provider to order a referral, prescriptions, lab work or an ultrasound for you.

**Appointment reminders and other contacts:** We may use your health information to contact you with reminders about your appointments, alternative treatments you may want to consider, or other of our services that may be of interest to you.

**Payment:** We may, upon request, use your health information to check your eligibility for insurance coverage and prepare a bill to send to you or your insurance company. We will disclose your health information to others to bill and collect payment for our services. For example, in order to bill an insurance

company, we will have to disclose information about when you were treated, the conditions you were treated for, and the type of treatment you received.

**Health care operations:** We may use and disclose your health information to allow us to perform functions necessary for our business of health care. For example, within our organization, we may use your information to help us train new staff and conduct quality improvement activities. We may disclose your information to consultants and other business associates who help us with billing, computer and transcription services. In limited situations, we may disclose information to allow other health care organizations to perform their health care operations. For example, we may disclose your information to your insurance company to allow them to conduct quality improvement activities.

**Fundraising:** We may use or disclose your demographic information and dates of treatment to contact you to raise money New Life Midwifery.

**Research:** We may use or disclose your health information for research purposes if a review board has determined that your privacy will be appropriately protected.

**Required by law:** We will disclose your health information when we are required to do so by law.

**Workers' compensation:** We will disclose your health information to comply with workers' compensation and similar laws that provide benefits for work-related injuries and illnesses.

**Public policy:** There are several situations in which the law permits or requires us to use or disclose your health information for public policy purposes. These are:

- **Public health concerns:** We may disclose your health information to public health authorities for certain public health activities such as reporting births or deaths, preventing or controlling disease, and notifying persons who may have been exposed to a disease or may be at risk for spreading a disease.
- **Health oversight activities:** We may disclose your health information to a health oversight agency to conduct audits, investigations, inspections and other activities necessary for the government to appropriately monitor the health care system.
- **Special situations:** There are some situations that occur rarely, but may require or permit us to use or disclose your health information. These include:
- **Abuse, neglect or domestic violence:** We may disclose your health information to the appropriate authorities if necessary to report suspected abuse, neglect or domestic violence.
- **Serious threats to health or safety:** We may use or disclose your health information when necessary to avert a serious threat to the health or safety of you, another person or the public.
- **Organ donation:** We may disclose your health information to an appropriate organization to facilitate organ or tissue donation or transplantation.
- **Problems with products:** We may use or disclose your health information to report problems with medical devices or other products that are regulated by the Food and Drug Administration or to allow for product recalls, repairs or replacements.
- **Legal proceedings:** If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting your information.
- **Law enforcement:** We may disclose your health information for law enforcement purposes, as long as we follow specific requirements and restrictions. For example, we may disclose your information to comply with laws that require the reporting of certain types of injuries, to help identify or locate a criminal suspect, or to provide information about the victim of a crime.
- **Coroners, medical examiners and funeral directors:** We may disclose your health information to a coroner, medical examiner or funeral director to allow them to perform their duties.
- **Specialized government functions:** We may disclose your health information as it relates to some specialized government functions, such as military or veterans activities or national security.

- **Inmates:** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your health information to the institution or official as necessary to provide you with health care, protect the health and safety of you or others, and maintain the safety and security of the institution.

### **When may we make other disclosures of your health information?**

For some purposes, we will give you the opportunity to agree or object to a disclosure of your health information. These purposes are:

- **Persons involved in your care:** If you are present, we may disclose your health information to a relative or other person involved in your treatment or payment for your treatment, but only if you have had an opportunity to agree or object to that disclosure. For example, you may indicate that you don't mind us disclosing your information to a friend or family member by allowing them to join in your meeting with your doctor. If you are not present to agree or object, we will use our professional judgment to determine if disclosing your health information is in your best interests.
- **Notification:** We may disclose your location and general condition to notify a family member, personal representative or other person responsible for your care.
- **Facility directory:** Unless you notify us that you object, we will use your name, location in the facility, general condition and religious affiliation to maintain a facility directory. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask about you by name.

**Other uses and disclosures of your health information not covered in this Notice will be made only with your written authorization.** If you authorize us to use or disclose your health information, you may revoke that authorization in writing at any time.

If you revoke your authorization, we will no longer use or disclose your information for the purposes covered by your authorization. You must understand, however, that we are unable to take back any disclosures we have already made in reliance on your authorization.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have several important rights with regard to your health information. The following explains those rights and how you may exercise them.

**Right to inspect and copy:** You have the right to inspect and copy your health information. We ask that you submit your request to inspect or copy in writing. We may charge you a reasonable fee. In some limited circumstances, we may deny your request to inspect or copy your information. If that happens, you may ask that the denial be reconsidered. Your request and the denial will then be reviewed by a different licensed health care professional -- not the one who originally denied your request. We will comply with the decision that professional makes.

**Right to request amendment:** If you believe that health information we have about you is incorrect or incomplete, you may ask us in writing to amend the information. You must explain the reasons for your request. We may deny your request if the information you are asking us to change:

- Was not created by us (unless the person that created the information is no longer available to make the amendment);
- Is not part of the health information kept by or for us;
- Is not part of the information you are permitted to inspect and copy; or
- Is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us. Your statement will be included in any disclosures of your information we make in the future.

**Right to request restrictions on uses and disclosures of your health information:** You have the right to ask us to limit how we use and disclose your health information for your treatment or our payment and

business operations purposes. You may also ask that we not disclose your health information to family members or friends involved in your treatment or payment for your treatment. We are not required to agree to your request for a restriction. However, if we do agree, we will comply with our agreement unless there is an emergency or we are otherwise required to use or disclose the information.

**Right to request confidential communications from us:** You have the right to ask us to communicate with you about health matters in a specific way or at a specific location. For example, you may ask that we only contact you at work or by mail. We ask that you make your request for confidential communication in writing. We will comply with reasonable requests.

**Right to receive an accounting of certain disclosures of your health information we have made:** You have the right to ask us to give you an accounting of certain disclosures of your health information we may have made. This accounting will not include all disclosures. For example, it will not include disclosures made:

- For your treatment;
- For payment for your treatment;
- For our business operations purposes;
- To, or authorized by, you;
- To others involved in your care or payment for your care.

We ask that you submit your request for an accounting in writing. You may ask for up to six-years of disclosures. One accounting within any 12-month period will be free of charge. We may charge a reasonable fee for additional accountings, but we will notify you of the fee and allow you to withdraw or modify your request before we process it.

**Right to receive a copy of this Notice:** You have the right to receive a paper copy of this Notice, even if you have agreed to receive it electronically.

**To exercise any of these rights, please contact Kelley Faulkner in writing at New Life Community Midwifery, 19 West Walnut Street, Milford, MA 01757.**

### **IF YOU HAVE COMPLAINTS OR QUESTIONS**

If you have questions about any of the information in this Notice or if you think your privacy rights have been violated, please contact Kelley Faulkner in writing at New Life Community Midwifery, 19 West Walnut Street, Milford, MA 01757.

You may also send a written complaint directly to the Department of Health and Human Services at:

Office of Civil Rights  
Hubert H. Humphrey Building  
Room 509F  
200 Independence Avenue Southwest  
Washington, D.C. 20201

We support your right to the privacy of your health information. We will not retaliate in any way if you file a complaint with us or with the Department of Health and Human Services.

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## Summary:

By law, we are required to provide you with our Notice of Privacy Practices (NPP). This Notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient, you have the following rights:

1. The right to inspect and copy your information;
2. The right to request corrections to your information;
3. The right to request that your information be restricted;
4. The right to request confidential communications;
5. The right to a report of disclosures of your information; and
6. The right to a paper copy of this Notice.

We want to assure you that your medical/protected health information is secure with us. The Notice contains information about how we insure that your information remains private.

If you have questions about this Notice, contact Kelley Faulkner at 508-429-6663.

The effective date of this notice is 1/1/2005.

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## Acknowledgement of Notice of Privacy Practices

*"I hereby acknowledge that I have received a copy of the practice's Notice Of Privacy Practices. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed above. I further understand that the practice will offer me updates to this Notice of Privacy Practices should it be amended, modified, or changed in any way."*

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Patient or Representative Name (please print)

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Patient or Representative signature      Date

Patient Refused to Sign     Patient was unable to sign because \_\_\_\_\_