

**Alma Midwifery Services LLC**

**CONFIDENTIALITY NOTICE (August 2010)**

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND  
HOW TO GET ACCESS TO THIS INFORMATION.**

Information about your treatment and care, including payment for care, is protected Federal Law: The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Under this law your Personal Health Information (PHI) cannot be disclosed except as referenced by the Federal Law. PHI is defined as all individually identifiable health information.

**Individually identifiable health information includes:**

- The individual’s past, present or future mental health or condition
- The provision of health care to the individual
- The past, present or future payment for the provision of health care to the individual
- Information that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers, for example: name, address, birth date, social security number.

**Alma Midwifery is allowed by the HIPAA law to disclose your PHI in the following ways:**

- Directly to the individual who is the subject of the information.
- For purposes of treatment (including laboratory work, consultation with other practitioners, ultrasound providers), payment (including insurance billing staff and insurance companies), and health care operations (including medical audits and internal chart review with Alma staff).
- Opportunity to agree or object (the individual can give informal permission to allow for information to be passed on to family members, etc.)
- Incidental to otherwise permitted information. Alma Midwifery has policies in place to protect your information and we always try to prevent any information from being disclosed incidentally.
- Public interest and benefit activities (as required by law, to report child abuse or neglect, communicable disease, to employers for work related claims or injury, etc.).
- Limited data set (research purposes).

**Your rights:**

- You have the right to request an accounting of the past 6 years of disclosures of your PHI.
- You have the right to request restrictions on certain uses and disclosures of your PHI. Alma is not required to agree to your request, but if Alma does agree to them it is bound to that agreement.
- You have the right to inspect and copy your own health and treatment information maintained by Alma Midwifery.

- You have the right to request that we communicate with you by alternative means or at an alternative location.
- You have the right to request an amendment to your PHI when the information is inaccurate or incomplete. Alma must respond to such a request, but does not have to agree with the request.
- You have the right to receive a paper copy of this notice.

**Complaints and Reporting Violations:**

You have the right to make a complaint about the confidentiality and privacy of their PHI. You may submit a complaint in writing to Alma's Privacy Officer at our main address: 1608 SE Ankeny St. Portland, OR 97214. This complaint will be reviewed and addressed promptly. You may also make a complaint with US Department of Health and Human Services at:

Linda Yuu Connor, Regional Manager

Office for Civil Rights

US Department for Health and Human Services

2201 Sixth Ave- M/S: RX-11

Seattle, WA 98121-1831

Voice Phone (206) 615-2290

Fax (206) 615-2297

You will not be retaliated against for filing a complaint.

Effective date August 2010.

**Alma Midwifery Services LLC**

**CONFIDENTIALITY NOTICE**

I, \_\_\_\_\_ have received a copy of the Confidentiality Notice from Alma Midwifery and I understand the information provided. I understand that the same policies apply for my child/children after they are born and receive care from Alma Midwifery.

Signature \_\_\_\_\_ Date \_\_\_\_\_