

HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. Uses and Disclosures of Protected Health Information

Nightingales: Breastfeeding Support Center (“Nightingales”) may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless Nightingales has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or State law. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally, or by facsimile. Communications to you may be made by mail, facsimile, or by telephone. For example, Nightingales may communicate to you by leaving messages on your answering machine.

A. Treatment.

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fulfill a prescription, to a laboratory to order a blood test, or to a home health agency that is providing care in your home. We may also disclose protected health information to other physicians who may be treating you or consulting with your physician with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

B. Payment.

Your protected health information will be used, as needed, to bill and collect payment for your health care services. This may include certain communications to your health insurer to get approval for the treatment that we recommend. For example, if a hospital admission is recommended, we may need to disclose information to your health insurer to get prior approval for the hospitalization. We may also disclose protected health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for your services, we may also need to disclose your protected health information to your insurance company to demonstrate the medical necessity of the services, or as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider’s payment activities. We may release information to an outside agency for collection purposes.

C. Operations.

We may use or disclose your protected health information, as necessary, for our own health care operations in order to facilitate the function of Nightingales and to provide quality care to all patients. Health care operations include such activities as • Quality assessment and improvement activities • Employee review activities • Training programs including those in which students, trainees, or practitioners in health care learn under supervision • Accreditation, certification, licensing, or credentialing activities • Review and auditing, including compliance reviews, medical reviews, legal services, and maintaining compliance programs • Business management and general administrative activities In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

D. Other Uses and Disclosures.

As part of treatment, payment, and health care operations, we may also use or disclose your protected health information for the following purposes:

- To remind you of an appointment (Appointment reminders may be communicated by mail or by leaving a message on the answering machine of a telephone number that you have provided.)
- To inform you of potential treatment alternatives or options
- To inform you of health-related benefits or services that may be of interest to you

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

A. When Legally Required.

We will disclose your protected health information when we are required to do so by any Federal, State or local law.

B. When There Are Risks to Public Health.

We may disclose your protected health information for the following public activities and purposes:

- To prevent, control, or report disease, injury, or disability as permitted by law

- To report vital events such as birth or death as permitted or required by law
- To conduct public health surveillance, investigations, and interventions as permitted or required by law
- To collect or report adverse events and product defects; track FDA-regulated products; and enable product recalls, repairs, or replacements to the FDA and conduct postmarketing surveillance
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required

C. To Report Abuse, Neglect, or Domestic Violence.

We may notify government authorities if we believe that a patient is the victim of abuse, neglect, or domestic violence. It is the responsibility of any/all personnel to alert the proper authorities in the event a minor, elderly, or vulnerable adult patient is identified as a victim of alleged or suspected neglect or abuse including sexual abuse, and to comply with proper procedures for the reporting as required or authorized by law.

D. To Conduct Health Oversight Activities.

We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. In Connection with Judicial and Administrative Proceedings.

We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena if you have been notified of the request for information.

F. For Law Enforcement Purposes.

We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of a gunshot wound or lifethreatening injury indicating an act of violence
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process
- For the purpose of identifying or locating a suspect, fugitive, material witness, or missing person

- Under certain limited circumstances, when you are the victim of a crime
- To law enforcement official if Nightingales has a suspicion that your death was the result of criminal conduct
- In an emergency in order to report a crime
- In the event a minor, elderly, or vulnerable adult patient is identified as a victim of alleged or suspected neglect or abuse including sexual abuse

G. To Coroners, Funeral Directors, and for Organ Donation. We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

H. For Research Purposes.

We may use or disclose your protected health information for research without your authorization in limited circumstances only if the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols and decided that your information is necessary to the research and the privacy of your information will be protected.

I. In the Event of a Serious Threat to Health or Safety.

We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

J. For Specified Government Functions.

In certain circumstances, the Federal regulations authorize Nightingales to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

K. For Worker's Compensation.

We may release your health information to comply with worker's compensation laws or similar programs.

III. Uses and Disclosures Permitted Without Authorization, but with Opportunity to Object

We may disclose your protected health information to your family member(s) or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family member(s) or others involved in your care concerning your location, condition, or death. You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

IV. Uses and Disclosures Which You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

V. Your Rights

You have the following rights regarding your health information:

A. The Right to Inspect and Copy Your Protected Health Information.

You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that are used to make decisions about you. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision. To inspect or copy your medical information, you must submit a written request to the Nightingales: Breastfeeding Support Center where you received services and direct the correspondence to the Privacy Contact. The contact information for that Nightingales: Breastfeeding Support Center is attached to this Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record.

B. The Right to Request a Restriction on Uses and Disclosures of Your Protected Health Information.

You may ask us, in writing, not to use or disclose certain parts of your protected health information for the purposes of treatment, payment, or health care operations. You may also request, in writing, that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Nightingales is not required to agree to a restriction that you may request. We will notify you in writing if we deny your request for a facility directory, disclosures to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made, in writing a restriction. You may request, in writing, a restriction by contacting the Privacy Contact at the Nightingales: Breastfeeding Support Center where you received services. to the Privacy Contact at the Nightingales where you received services. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

C. The Right to Request to Receive Confidential Communications from Us by Alternative Means or at an Alternative Location.

You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made, in writing, to the Privacy Contact at the Nightingales Health Care Center/Clinic where you received services.

D. The Right to Request Amendment of Your Protected Health Information.

You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. If you believe that there is a mistake or missing information in our record of your protected health information, you may request, in writing, that we correct or add to the record. In this written request, you must also provide a reason to support the requested amendment. We will respond within 60 days of receiving your request. We may deny the request if we determine that the protected health information is: (1) correct and complete; (2) not created by us and/or not part of our records, or; (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your protected health information. If we approve the request for amendment, we will change the protected health information and so inform you. Requests for amendment must be directed to the Privacy Contact at the Nightingales: Breastfeeding Support Center where you received services.

E. The Right to Receive an Accounting.

You have the right to request, in writing, an accounting of certain disclosures of your protected health information made by Nightingales. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures

F. The Right to Obtain a Paper Copy of This Notice.

Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

VI. Our Duties

Nightingales is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. If Nightingales changes its Notice, we will provide a copy of the revised Notice on your next office visit to the Nightingales.

VII. Complaints

You have the right to express complaints to Nightingales and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to Nightingales by contacting, in writing, to the Privacy Contact at the Nightingales where you received services. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VIII. Effective Date

This Notice is effective April 14, 2003.