



MIDWIFERY

Pamala Wilson LM, CPM

Phone: 803.617.6710

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

In this document, "I" and "my" refer to the client, and "Midwife" refers to Pamala Wilson, LM, CPM

I consent to the use or disclosure of my protected health information by Midwife for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills via a third-party billing company, or to conduct health care operations of Midwife. I understand that analysis, diagnosis or treatment of me by Midwife may be conditioned upon my consent as evidenced by my signature below.

I consent to the release of my protected health information by Midwife to another health care provider upon my verbal request to assist in the coordination of my care.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Midwife is not required to agree to the restrictions that I may request; however, if Midwife agrees to a restriction that I request, the restriction is binding on Midwife.

I have the right to revoke this consent, in writing, at any time, except to the extent that Midwife has taken action in reliance on this Consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another healthcare provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

With this consent, Midwife may mail, e-mail or call to my home or other designated location (as stipulated on the release form) in reference to any items that assist the practice in carrying out treatment, payment or healthcare operations, appointment reminder cards, statements, laboratory results, preventive care, and wellness programs pertaining to my clinical care as long as they are addressed personally to me.

I have been provided with a copy of the Notice of Privacy Practices of Midwife. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of healthcare operations of Midwife. This Notice of Privacy Practices also describes my rights and duties of the Midwife with respect to my protected health information.

Midwife reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office of Midwife and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Client

Printed Name

Date

Signature of Client

Printed Name

Date

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: April 15 2003

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.

If you have any questions about this notice, please contact Daphne McIntosh.

WHO WILL FOLLOW THIS NOTICE

This notice describes our midwifery's practices and that of:

- Any health care professional authorized to enter information into your midwifery chart.
- Any volunteer associated with our services who help you while you are in the care of the midwifery service.
- All "Womb of Life" staff or and other personal.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive with the midwifery service. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the midwifery service, whether made by the midwifery service or a associated facility.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you;
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- For Treatment: We may use medical information about you to provide you with midwifery services. We may disclose medical information about you to assistants, apprentices, doctors, nurses, technicians, medical students, or hospital personnel who are involved in taking care of you with the midwifery service. For example, a doctor treating you after a transport during labor may need to know if you are GBS+, because the doctor may need to order antibiotics. . Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. For example the OB doctor would need to inform the pediatrician so that we can arrange for appropriate care of your baby. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care if you have your baby at home or after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.
- For Payment: We may use and disclose medical information about you so that the treatment and services you receive at the midwifery service may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health care plan information about treatment you received at the midwifery service so your health care plan will pay us. We may also tell your health plan about care you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- For Health Care Operations: We may use and disclose medical information about you for midwifery operations. These uses and disclosures are necessary to run the midwifery service and make sure that all of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the

performance of our staff in caring for you. We may also combine medical information about many midwifery clients to decide what additional services the midwifery service should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other midwifery personnel for review and learning purposes (peer review). We may also combine the medical information we have with medical information from other midwifery services to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific clients are.

- Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment.
- Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible options or alternatives that may be of interest to you.
- Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care, for example postpartum instructions. We may also give information to someone who helps pay for your care.
- Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication / herbal treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the midwifery service. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are.
- As Required by Law: We will disclose medical information about you when required to do so by federal, state or local law, for example, birth certificates.

SPECIAL SITUATIONS

- Public Health Risk: We may disclose medical information about you for public health activities. These activities generally include the following:
 - to report births and deaths;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you 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 an order protecting the information requested.
- Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release medical information about clients of the midwifery service to funeral directors as necessary to carry out their duties.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. ‘

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Mary Anne Richardson. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the midwifery service will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the midwifery service.

To request an amendment, your request must be made in writing and submitted to Daphne McIntosh. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for the midwifery service;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Daphne McIntosh. Your request must state a time period which may not be longer than six years and may not include dates before April 15, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit

on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Daphne McIntosh. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Mary Anne Richardson. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, please notify Daphne McIntosh.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you come for a visit, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the midwifery service or with the Secretary of the Department of Health and Human Services. To file a complaint with the midwifery service, contact Daphne McIntosh 2728 Brown Hollow Road, Columbia, TN 38401. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.