

3333 Station House Road, Suite B \* Chesapeake, VA 23321 P: 833-JAMII4U (5264448) F: (757)859-0007

## **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 CAREFULLY.**

### **OUR OBLIGATIONS**

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

### **HOW WE MAY DISCLOSE HEALTH INFORMATION**

The following describes the ways we may use and disclose protected health information (PHI) that identifies you. Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to Jamii Birth Wellness Services LLC with said request.

**For Treatment.** We may use and disclose PI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel including those who are outside of our practice, who are involved with your care and need the information to provide you with medical care.

**For Payment.** We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your care.

**For Health Care Operations.** We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our clients receive quality care, to operate and manage the office of Jamii Birth Wellness Services LLC. We may use and disclose information to make sure the Jamii Birth Wellness Services LLC you receive is of the highest quality. We also may share information with other entities that have a relationship with you (i.e. your health plan) for their health care operation activities.

**Appointments, Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose PHI to contact you to remind you that you have an appointment. We may also use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may interest you.

**Individuals Involved in Your Care or Payment for your Care.** When appropriate, we may share your PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Research.** Under no circumstance will your PHI be shared for the purposes of research without your written consent. Any research proposals will be presented to you and you will have full disclosure and provide written consent for your PHI to be shared before initiation of any research.



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### **SPECIAL SITUATIONS**

**As Required by Law.** We will disclose PHI when required to do so by international, federal, state, or local law.

**To Avert a Serious Threat to Health and Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates.** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in the contract.

**Organ and Tissue Donation.** No tissue or organ will be subject to donation without the express written consent of the client of Jamii Birth Wellness Services LLC.

**Military and Veterans.** If you are a member of the military, we may release PHI as required by military command authorities. We may also release PHI to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation.** We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks.** We may disclose PHI for public health activities. These activities include disclosure to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a client 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 PHI to health oversight agencies 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 law.

**Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or another 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.



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**Law Enforcement.** We may release PHI if asked by a law enforcement official if the information is (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on the premises of Jamii Birth Wellness Services LLC; and (6) in an emergency to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners, and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

### **USES AND DISCLOSURES THAT REQUIRE US TO ALLOW YOU TO OBJECT AND OPT-OUT**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on professional judgment.

**Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

### **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your PHI will be made only with your written authorization:

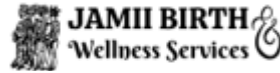
1. Uses and disclosures of PHI for marketing purposes; and
2. Disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. If you do authorize us, you may revoke it at any time by submitting a written revocation to Jamii Birth Wellness Services LLC and we will no longer disclose PHI under the authorization. But, disclosures that were made in reliance on your previous authorization will not be affected by the revocation.

### **YOUR RIGHTS**

You have the following rights regarding PHI we hold about you.

**Right to Inspect and Copy.** You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and copy this



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PHI please make your request in writing to Jamii Birth Wellness Services LLC. We have up to 30 days to make your PHI available to you.

**Right to an Electronic Copy of Electronic Medical Records.** Under the 2013 HIPAA Omnibus Amendment, you have a right to obtain an electronic copy of all Electronic Medical Records maintained on you. At this time Jamii Birth Wellness Services LLC does not utilize an electronic medical records system. All medical records are maintained in hard copy in the form of a paper chart. In the event, Jamii Birth Wellness Services LLC begins use of an electronic medical records system you will be notified in writing if any of your PHI has been entered into said system.

**Right to Notice of a Breach.** You have the right to be notified upon a breach of any unsecured PHI.

**Right to Amend.** If you feel that PHI we have 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 our office (21 years). To request an amendment please make your request in writing to Jamii Birth Wellness Services LLC.

**Right to Accounting Disclosures.** You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing to Jamii Birth Wellness Services LLC.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing to Jamii Birth Wellness Services LLC. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket". If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Out-of-Pocket Payments.** If you paid out-of-pocket (or in other words, you have requested we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI concerning that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**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 by mail or at work. To request confidential communications, you must make your request in writing to Jamii Birth Wellness Services LLC. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of this Notice.** You have a 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



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## **HIPAA NOTICE OF PRIVACY PRACTICES**

entitled to a paper copy of this notice. You may print this page or request a copy from Jamii Birth Wellness Services LLC.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy here and inform all current clients in writing. The notice will contain the effective date on the first page.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office and/or with the Secretary of the Department of Health and Human Services. Please post all complaints to Jamii Birth Wellness Services LLC in writing.

There is no penalty for filing a complaint.



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## **HIPAA NOTICE OF PRIVACY PRACTICES**

### **Acknowledgment of Receipt of Notice of Privacy Practices**

In keeping with age-old midwifery traditions and the Federal HIPAA requirements, we respect each client's right to confidentiality. Our purpose in gathering your health information is to provide you with high-quality care. All staff at Jamii Birth Wellness Services LLC, including volunteers, students, office, and billing personnel will comply with the HIPPA guidelines regarding safeguarding your medical information and medical records.

You have been provided with a copy of our Notice of Privacy Practices so you can better understand our policies and be aware of your rights under Federal law. Additional copies can be obtained at your request and we are happy to answer any questions.

I have received a copy of Jamii Birth Wellness Services LLC 's Notice of Privacy Practices and have had an opportunity to have my questions answered.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_