

When Community Midwives May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission. Please be advised that photos sent to your health care provider may be viewed by others.

Your Health Information Rights

- 1. Inspect And Copy Your Health Information.** You have the right to inspect and obtain a copy of your health care information. For example, you may request a copy of your labor and birth record from your health care provider. This right of access does not apply to private notes which are maintained for the personal use of your health care professional. Your request for inspection or access must be submitted in writing to Ingrid Andersson, 3530 Lucia Crest, Madison, WI 53705. In addition, we may charge you a reasonable fee to cover our expenses for copying your health information.
- 2. Request To Correct Your Health Information.** You have a right to request that Community Midwives amend your health information that you believe is incorrect or incomplete. For example, if you believe the date of your prenatal visit is incorrect, you may request that the information be corrected. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to Ingrid Andersson, 3530 Lucia Crest, Madison, WI 53705. You must also provide a reason for your request.
- 3. Request Restrictions on Certain Uses and Disclosures.** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. For example, if you are a workforce member in the practice and you receive services in that practice, you may request that your medical record not be stored with the other clinic records. However, we are not required to agree in all circumstances to your requested restriction. If you would like to make a request for restrictions, you must submit your request in writing to Ingrid Andersson, 3530 Lucia Crest, Madison, WI 53705.
- 4. Receive Confidential Communications Of Health Information.** You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests. To request confidential communications, you must submit your request in writing to Ingrid Andersson, 3530 Lucia Crest, Madison, WI 53705.
- 5. Receive A Record Of Disclosures Of Your Health Information.** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made.

For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made.

For example, you may request a list that indicates all the disclosures your health care provider has made from you health care record in the past six months. To request this accounting of disclosures, you must submit your request in writing to Ingrid Andersson, 3530 Lucia Crest, Madison, WI 53705. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

6. Obtain A Paper Copy Of This Notice. Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically.

To obtain a paper copy of this Notice, send your written request to Ingrid Andersson, 3530 Lucia Crest, Madison, WI 53705. This privacy notice is available electronically from the practice website www.communitymidwives.info.

7. Complaint. If you believe your privacy rights have been violated, you may file a complaint with Ingrid Andersson, 3530 Lucia Crest, Madison, WI 53705. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation against you in any way for filing a complaint.¹

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact Ingrid Andersson, Privacy and Security Officer; 3530 Lucia Crest, Madison, WI 53705.

This notice of medical information privacy is effective December 31, 2013.

¹ 45 CFR 164.520(b)(1)(vi); Wis. Stat. 51.61(1)(u)