

We realize that these laws are complicated, but we must provide you with the following important information:

- **How we may use and disclose your PHI,**
- **Your privacy rights in your PHI,**
- **Our obligations concerning the use and disclosure of your PHI.**

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this **Notice of Privacy Practices**. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. If You Have Questions about this Notice, please contact:

Kim Mosny, CPM, LM
(See cover page for contact information)

C. We May Use and Disclose Your PHI in the Following Ways:

The following categories describe the different ways in which we may use and disclose your PHI.

1. Your Care. Our practice may use your PHI to care for you. (For example, we may ask you to have laboratory tests [such as blood or urine tests], and we may use the results to help us care for and counsel you. We may use your PHI in order to request a prescription from your physician for you, or we may disclose your PHI to a pharmacy as a result of a request for a prescription from your physician.) Our staff, including, but not limited to, our midwives, assistants, and apprentices, may use or disclose your PHI in order to care for or counsel you or to assist others in the same. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your care.

2. Payment. Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your care to determine if your insurer will cover, or pay for, your care. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

3. Health Care Operations. Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders. Our practice may use and disclose your PHI to contact you to remind you of appointments or other meetings/classes with us or with our client group, of which you are a member.

5. Care & Alternatives Options. Our practice may use and disclose your PHI to inform you of potential care options and/or alternatives.

6. Health-related Benefits & Services. Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends. Our practice may release your PHI to a friend or family member that is involved in your care or who assists

in taking care of you. (For example, you may ask that your spouse or domestic partner pick up copies of your medical records for you. In this example, your spouse or domestic partner may have access to your medical information.)

8. Disclosures Required by Law. Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

D. Use and Disclosure of Your PHI in Certain Special Circumstances:

The following categories describe unique scenarios in which we may use or disclose your PHI:

1. Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult client/patient (including domestic violence); however, we will only disclose this information if the client/patient agrees or we are required or authorized by law to disclose this information,
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits & Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you or we are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- Concerning a death we believe has resulted from criminal conduct,
- Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. Deceased Clients/Patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Organ & Tissue Donation. Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research & Statistics Data. Our practice may use and disclose your PHI for research/statistics purposes in certain limited circumstances. We will

obtain your written authorization to use your PHI for research/statistics purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions:

(A) The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted;

(B) The research could not practically be conducted without the waiver,

(C) The research could not practically be conducted without access to and use of the PHI.

8. Serious Threats to Health or Safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' Compensation. Our practice may release your PHI for workers' compensation and similar programs.

E. Your Rights Regarding Your PHI:

You have the following rights regarding the PHI we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. (For example, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to:

Kim Mosny, CPM, LM
(See cover page for contact information)

specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for care and/or treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to care for or treat you.

In order to request a restriction in our use or disclosure of your PHI, you must make a written request to:

Kim Mosny, CPM, LM
(See cover page for contact information)

Your request must describe in a clear and concise fashion:

- The information you wish restricted,
- Whether you are requesting to limit our practice's use, disclosure or both,
- To whom you want the limits to apply.

3. Inspection & Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must make a written request to:

Kim Mosny, CPM, LM
(See cover page for contact information)

in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct such reviews. The costs associated with providing copies are designated by Virginia Law:

Va. Code Section 8.01-413 (2003)

A reasonable charge may be made for the service of maintaining, retrieving, reviewing and preparing such copies. Except for copies of X-ray photographs, however, such charges shall not exceed:

- fifty cents (\$0.50) per page for up to fifty pages,
- twenty-five cents (\$0.25) per page thereafter for copies from paper or other hard copy generated from computerized or other electronic storage, or other photographic, mechanical, electronic, imaging or chemical storage process
- one dollar (\$1.00) per page for copies from microfilm or other micrographic process plus all postage and shipping costs and a search and handling fee not to exceed ten dollars (\$10.00).

Copies of hospital, nursing facility, physician's, or other health care provider's records or papers shall be furnished within fifteen days of such request.

VA Code § 32.1-127.1-03, Health Records

If an individual or his agent/attorney requests a copy of his own medical records, the health care entity may impose a reasonable cost-based fee, which shall include the cost of supplies for and labor of copying the requested information, as well as postage where applicable.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, you must make a written request to:

Kim Mosny, CPM, LM
(See cover page for contact information)

You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion:

- accurate and complete;
- not part of the PHI kept by or for the practice;
- not part of the PHI which you would be permitted to inspect and copy; or
- not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our clients/patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to care and/or treatment, payment or operations. Use of your PHI as part of the routine client/patient care in our practice is not required to be documented. (For example, the midwife sharing information with the assistant; or our billing service using your information to file your insurance claim.) In order to obtain an accounting of disclosures, you must make a written request to:

Kim Mosny, CPM, LM
(See cover page for contact information)

All requests for an accounting of disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of this Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. Contact: **Kim Mosny, CPM, LM at (901) 292-4876**

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice. To file a complaint with our practice, contact:

Kim Mosny, CPM, LM
(See cover page for contact information)

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You may also file a complaint directly with the **US Department of Health and Human Services** at:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

8. Right to Provide an Authorization for Other Uses & Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

Please Note: We are required by Virginia law to maintain your records:

Regulations of the Board of Medicine (18VAC85-20-26) state that practitioners must maintain a patient record for a *minimum of six years following the last patient encounter with the following exceptions:*

- Records of a minor child, including immunizations, must be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;
- Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or
- Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

After October 19, 2005, practitioners must post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records can only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

9. Records Destruction. After the legally designated timeframe to retain your PHI, this practice may choose to destroy any and all records therein. In accordance with section 8 above, this practice shall shred all such records.

If you have any questions regarding this notice or our health information privacy policies, please contact:

Home Birth Midwifery Service
Kim Mosny, CPM, LM
13541 E. Boundary Rd, Ste 101
Midlothian VA 23112
(901) 292-4876
kmosny@RichmondMidwife.com

HBMS Privacy Policy, effective: September 02, 2008

Home Birth Midwifery Service

Notice of Privacy Practices

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

EFFECTIVE DATE: September 02, 2008

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

PLEASE REVIEW THIS NOTICE CAREFULLY!



Home Birth Midwifery Service

Kim Mosny, CPM, LM

13541 E. Boundary Rd, Ste 101

Midlothian VA 23112

(901) 292-4876

kmosny@RichmondMidwife.com

A. Our Commitment to Your Privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information or PHI). In conducting our business, we will create records regarding you and the care and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the **Notice of Privacy Practices** that we have in effect at the time.