

Notice of Privacy Practices

HIPAA PRIVACY AND SECURITY DISCLOSURES

Please take a moment to read about your rights under the Health Insurance Portability and Accountability Act (HIPAA) and affirm the following authorizations for disclosure of protected health information (PHI):

Sol Midwifery and Wellness may use or disclose your PHI to carry out treatment, payment, or healthcare operations related to your care. Examples would be: medical consultations, referrals, transfer of care, and lab or ultrasound orders.

Additional ways in which your PHI may be used includes, but is not limited to:

In case of emergency where you are not able to give or refuse permission, we will share only the health information that is directly necessary for your care, according to our best professional judgment. This may also include notifying or getting help to notify a family member, personal representative, or other person responsible for your care.

Disaster Relief – disclosure to a private or public organization or person who can legally assist in disaster relief efforts.

Disclosure of PHI to a **Funeral director**, **coroner**, **medical examiner** (or the like) to carry out their duties.

Government functions – which may include national security, military/veteran personnel, government programs providing public benefits, and law enforcement.

Court orders and judicial and administrative proceedings – examples include court orders, grand jury subpoena, and warrants. As well as cases involving information of a suspect, fugitive, material witness, crime victim, or missing person.

Public health activities - As required by law in preventing or controlling disease, injury or disability, including child abuse or neglect. In addition, we may disclose information to the FDA for the purpose of reporting adverse events, product recalls/defects, and repairs or replacements.

Safety - Victims of neglect, domestic violence, or self-harm - We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health and safety of others.

Workers compensation – to comply with laws related to compensation or other similar programs.



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You have the right to:

- Request access to your health record at any time
- Request corrections be made to your health record
- Request that all communications regarding your care with Sol Midwifery and Wellness be restricted from unsecure transmissions (fax, email, voice mail).
- Complain about a perceived violation of your privacy to us, our certification board, or the US Office for Civil Rights.
- Refuse any of the following permissions:

Please circle yes or no to the following questions:

Yes / No - I agree to allow Sol Midwifery and Wellness to discuss my treatment and care with colleagues as part of professional peer review.

Yes / No - I agree to allow a photo of my baby or me to be posted on the Sol Midwifery and Wellness social media accounts - personal information that may be included are sex, name, and/or birth weight. You will be asked again for individual photo approval prior to posting.

Yes / No - I agree to allow Sol Midwifery and Wellness to use photos that I share with them for the purpose of education in presentations about midwifery and home birth. Your face and personal identifying information will not be included in the photos.

Yes / No - Sol Midwifery and Wellness has my permission to disclose my protected health information to the following person/people:

Print Name/Relationship to client	Date
Print Name/Relationship to client	Date
Print Name/Relationship to client	Date



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Ι,	have read the
HIPAA Disclosure documents.	
By signing below I authorize and give consent to Sol Midwifery and Wellness LLC to use and disclose my protected health information in the manners described above.	
Signature	Date
v 1	copy of this document to keep and the signed e kept in your chart.
References: National Association of Certified Professio care. Retrieved from: https://nacpm.org/ab	nal Midwives. (2014). The midwives model of out-cpms/midwifery-model-of-care/.