

NOTICE OF PRIVACY PRACTICES

The privacy of your health information is very important to me. In addition, I have a legal responsibility under Federal and State laws to keep your health information private. Your health information includes information I receive about you or that I create. I am responsible to give you this notice about my privacy practices and to follow the practices in this notice. This notice tells you how I protect and make use of your health information. Please review it carefully and ask for clarification about anything you do not understand. Copies of this notice are always available to you at no charge.

I have the right to change privacy practices as long as those changes are permitted or required by law. Such changes may affect how we protect the privacy of both the previous and future health information I maintain about you. When such changes are made, we will update this notice and give you a copy.

Your health information will remain confidential except when:

- I am required to report suspected child, elder, or dependent adult abuse.
- I am required to report imminent danger of client to self or others.
- I am required to report disclosure by client of intent to commit a crime, which would result in the harm of others.
- In the event of an emergency, I need to disclose to a family member, a person responsible for client's care, or client's personal representative. If client is present in such a case, I will give the client an opportunity to object. If client objects, is not present, or is incapable of responding, I will use my professional judgment, in light of the nature of the emergency and keeping client's best interest in mind, regarding the use or disclosure of health information. If disclosure is deemed necessary, it will be limited to information necessary to respond to the emergency.
- I am required to disclose to a person authorized by federal, state, or local laws to have lawful access to client's information and notes.
- Necessary, to receive payment from a third party payer for services provided.
- I am performing agency operations including, but not limited to: evaluating and improving staff and program effectiveness, staff supervision and consultation, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.
- Client completes and signs an Authorization to Use and Disclose Protected Health Information Form for any individual or agency they wish their doula to exchange information with. Disclosure authorizations can be revoked in writing at anytime and will pertain to client's health information from that point on.

Clients have these additional rights, with respect to their protected health information:

- To have records maintained in locked storage.
- To have any disposable paper correspondence containing client identification or protected health information shredded by Justine McCullough.
- To make a written request that I place other restrictions on the ways I use or disclose their health information. If I agree to these restrictions, I will abide by them in all situations except those which, in my professional judgment, constitute an emergency.
- To make a written request that I amend health information I have created regarding them. If I approve the written request, I will amend my records accordingly. I will also notify anyone else who may have received this information, and anyone else of client's choosing. If I deny a requested amendment, client can place a written statement in my records disagreeing with my denial of their request.
- I will not use client health information in any of my marketing, development, public relations, or related activities without client's written authorization.

CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I have had full opportunity to read and consider the Notice of Privacy Practices of Justine McCullough. By signing this form, I give my consent to use and disclose my protected health information in the following ways: When I confer with your health care provider on matters pertaining to your pregnancy, labor or postpartum, to inform my back up doula of any relevant details, or refer you, your doula will be collecting what the law calls Protected Healthcare Information (PHI). This information is used by Justine McCullough to best support you and to provide that support. I may share that information with others who provide treatment/support to you, need it to arrange payment for my services or for other reasons when required by law to do so.

Doula services cannot begin until I have received this signed consent form.

If you are concerned about the release of some of your PHI, you have the right to request that we not use or share some of your information for treatment, payment or administrative purposes.

After you have signed this consent form, you have the right to revoke it (by writing a letter). Upon receipt of your request, I will comply with your wishes with respect to future requests for information.

Please know that I do work for you, and not your health care provider or team. I will always make it my priority to put your best interest ahead of everything else, unless required by law. This notice does not negate that.