

Lull-a-baby Lactation Consultants **NOTICE OF PRIVACY PRACTICES**
Effective Date: April 1, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is required by law under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA is a federal law. One of its primary purposes is to make certain that information about your health is handled with special respect for your privacy.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This information serves as a basis for planning your care and treatment and communication among health professionals who contribute to your care. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is physical property of the healthcare practitioner that compiled it. However, you have certain rights with respect to the information. You have the right to:

1. **Receive a copy of this Notice of Privacy Practices** from us upon enrollment or upon request.
2. **Request restrictions on our uses and disclosures of your protected health information** for treatment, payment and health care operations. However, we reserve the right to not agree to the requested restriction.
3. **Request to receive communications of protected health information in confidence.**
4. **Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about your care. A reasonable copying charge may apply.
5. **Request an amendment to your protected health information.** Approved amendments will be in addition to, and not as a replacement of the already existing records. However, we may deny your request if we determine that the protected health information or record that is the subject of request:
 - a. was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
 - b. is not part of your medical or billing records;
 - c. is not available for inspection set forth above; or
 - d. is accurate and complete
6. **Receive an accounting of disclosures of protected health information** made by us to individuals or entities other than to you, except for disclosures:
 - a. to carry out treatment, payment and health care operations as provided above;
 - b. to persons involved in your care or for other notification purposes as provided by law;
 - c. to correctional institutions or law enforcement officials as provided by law;
 - d. for national security or intelligence purposes
 - e. that occurred prior to the date of compliance with privacy standards
 - f. incidental to other permissible uses or disclosures
 - g. that are part of a limited data set
 - h. made to patient or their personal representatives;
 - i. for which a written authorization form from the patient has been received
7. **Revoke your authorization to use or disclose health information** except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

Our Responsibilities

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice. If our information practices change, a revised notice will be mailed to the address you have supplied upon request.

For More Information or to Report a Problem: If you have questions or would like additional information, you may contact the Privacy Officer at (231) 287-8077. If you believe your privacy rights have been violated, you may file a formal complaint with us and/or with the Office of for Civil Rights, Department of Health and Human Services. You will not be penalized for filing a complaint.