



Hearts & Hands
Women's Care, LLC

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HIPAA Informed Consent

What is HIPAA: HIPAA stands for "Health Insurance Portability and Accountability Act, it is a federal law put into place in 1996 to protect the individuals health information. A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being.

Definition of Protected Health Information: The Privacy Rule protects all "*individually identifiable health information*" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)." Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number) as it relates to any past, present or future physical or mental health conditions.

General Principle for Uses and Disclosures: A major purpose of the Privacy Rule is to define and limit the circumstances in which an individual's protected health information may be used or disclosed. A clinician may not use or disclose protected health information, except either: (1) as the Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing.

So...what are we doing with your information? There are some pieces of your information that we share for our own use, such as to schedule appointments, send referrals and orders and for billing. Birth assistances/nurses in the practice also may have access to health information to help with filing labs and ultrasounds etc. We are also mandated to share your information as requested by your insurance, which is dependent on the contract you have with them. Lastly, there is a chart review that takes place twice a year, this is random, and client names and identifiers, such as date of birth and address are blanked out.

I understand that I have a right to:

- Request my health records at any time,
- Request corrections to be made to my health records.
- Request that all communications regarding my care be restricted from unsecure transmission (such as text messaging, fax, email, voicemail). _____ (initial only if you decline these methods)
- Report perceived violations of my privacy to Sarah Bay, her licensing board, her certificate board or the US office for Civil Rights.

Client Name