

**Kaufman County Birth Center
Notice of Privacy Practice**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Disclosure of your Health Care Information

Without specific written authorization, we are permitted to use and disclose your health records for purpose of treatment and health care operations.

Treatment means providing, coordinating or managing health care and related services by one or more health care providers. For example, we may need to share information with other health care providers or specialists involved in the continuation of your care.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may disclose treatment information when billing an insurance company for services provided to you by our practice.

Health Care operations include the business aspects of running our practice. For example, patient information may be used for training purposes for quality assessment.

Other Disclosures: Unless you request otherwise, we may use or disclose health information to a family member, friend, personal representative or other individual to the extent necessary to help with your health care or with payment for your health care. In the event of an emergency or your incapacity, we will use our professional judgment in disclosing only the protected health information necessary to facilitate needed care. In addition we may disclose your health information for public health oversight activities, judicial or administrative proceedings, in response to a subpoena or court order, to military authorities of armed forces personnel, to federal officials for lawful intelligence, counterintelligence, and other national security activities, to correctional institutions law enforcement officials, and/or to report suspected abuse, neglect or domestic violence.

Your Health Information Rights

- · You have the right to request restrictions on certain uses and disclosures of your health information.
- · You have the right to inspect and copy your health information.
- · You have the right to request amendments be made by this office to your protected health information file.
- · You have the right to receive an accounting of disclosures of your protected health information.
- · You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

This notice is effective as of 12/2012

If you have any questions about this notice or if you want more information, please contact:

Kaufman County Birth Center
305 W. Mulberry St.
Kaufman TX 75142

By way of my signature, Kaufman County Birth Center, consent to use and disclose my protected health information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

Client Signature_____ Date_____

Midwives Signature_____ Date_____