HIPPA Policy & Disclosure Form

Pineapple Babies Birth Services

Client Name _____ **Date** _____

Client DOB _____

HIPPA Privacy & Security

I may use or disclose your private health information (PHI) to carry out treatment, payment or healthcare operations (TPO) related to your care. Examples would be medical consultations, referrals, or transfer of care, and lab or ultrasound orders.

You have the right to request access to your health record at any time, request corrections be made to your health record, and request that all communications regarding your care be restricted from unsecure transmissions such as fax, email, and voicemail. You may make complaints about a perceived violation of your privacy to my nationally credentialing organization, my state licensing board, or the US Office for Civil Rights, or Pineapple Babies Birth Services.

You may refuse any of the following authorizations: **Please circle yes or no.**

- I agree to allow midwifery students who are involved in my care to use my record, with my name removed, as verification of skills with the North American Registry of Midwives. Yes No
- I agree to allow you to discuss my treatment and care with colleagues as part of professional peer review. Yes No
- I agree to allow a photo my baby or me to be posted on the Pineapple Babies Birth Services Facebook page with personal identifiers that may include my baby's first name and birth weight. . Yes No
- I agree to allow the use of photos that I share with students for the purpose of education in presentations about midwifery and home birth. Yes No

I give my permission to disclose my protected health information to the following family members or friends:

Name _____ Phone Number _____

Address _____

Name _____ Phone Number _____

Address _____

Signature _____ **Date** _____