

Breastfeeding & Lactation of Jacksonville's HIPAA Notice of Privacy

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law designed to protect your privacy whenever your health care providers, like the International Board Certified Lactation Consultant (IBCLC), have to discuss your case, or send information about you to different offices. Breastfeeding and Lactation of Jacksonville is required to keep a file to record our consult, but the private, protected health information (PHI) in it will be kept confidential.

Breastfeeding & Lactation of Jacksonville, Inc. employs IBCLCs. Our IBCLCs can freely share all the details of your personal health information for purposes of "treatment, payment and health care operations." That means the IBCLC can talk to you about your situation and discuss it with your other health care providers. If you are referred to other specialists, the IBCLC can send the information on to them. The IBCLC can also share information with your health insurance company if they need it.

The law also requires Breastfeeding & Lactation of Jacksonville to share your information under other, very precise situations: for example, if a subpoena has been served on this office to turn over medical records or a federal agency is investigating a complaint that we have not been protecting your privacy. Any other time the IBCLC or Breastfeeding & Lactation of Jacksonville shares your personal health information must be with your specific, written authorization first. For example, you may want Breastfeeding & Lactation of Jacksonville to send information about your consultation to the Human Resources Dept. at your place of employ so they can pay you back under their corporate lactation support program. When you do give Breastfeeding & Lactation of Jacksonville permission to turn over information about you, we can give out only the minimum amount of information needed to get the job done.

The second page of this notice contains other instances where the IBCLC may wish to share your information. You are asked to consent to each instance separately and you may choose not to consent to any or all of this additional sharing.

Under HIPAA, the IBCLC can call or write you to remind you to come back for an appointment or to tell you how you can get a product or service that might interest you and your family.
You have four rights under HIPAA:

1. Access: you can ask the IBCLC to see all of your protected health information (PHI) on file;
2. Amendment: you can ask the IBCLC to change her files to amend inaccurate PHI;
3. Disclosure Accounting: you can ask to whom the IBCLC has given your PHI;
4. Restriction Request: you can put limits on the IBCLC's use and sharing of your PHI.

Breastfeeding & Lactation of Jacksonville's duty under HIPAA is to give you this notice, so you understand that we have promised to keep your private health information confidential. If we amend this notice in the future, we will make a new copy available.

Chrissy Bodin is the owner and Privacy Officer in this business and will answer your questions or concerns about how your privacy is protected. Her phone number is 904-707-6455.

You can complain if you think your privacy hasn't been protected, and we have a duty to attempt to address the situation. If the Privacy Officer does not address your complaint adequately, you can go to the Office for Civil Rights (OCR) of the federal Health and Human Services Dept., to ask that a formal investigation be made. You cannot be penalized for making a complaint. You can get all the details from them by calling (toll free) 1-800-368-1019 or file a complaint at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

My signature below acknowledges that I have received Breastfeeding & Lactation of Jacksonville's HIPAA Notice of Privacy form and that I have read and understand the information contained in this form. I have been given a chance to ask questions and they have been answered to my satisfaction. I give Breastfeeding and Lactation of Jacksonville, Inc. and their IBCLCs permission to share my personal information and information about my case with my healthcare providers, my child's healthcare providers, and my insurance company.

Client printed name, signature, date

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Consent to share information about your case for other purposes:

Please initial next to each line where the proposed documenting or sharing of your information is acceptable to you. You can choose not to give permission for any of this additional use of your health information. You can revoke these permissions at any time. Please note that the consent to sharing of information to healthcare providers and insurance companies is necessary in order for me to provide care. The permissions below are in addition to the necessary permission to release your private health information described on page 1.

Consent to share my information with others:

_____ The IBCLC may share information about my case with other lactation consultants and lay counselors in order to gather information to better treat my case. This includes, but is not limited to: verbal communication, email communication, professional listservs, and social media. You will not be identified in any of these communications.

_____ The IBCLC may share information about my case with other lactation consultants and lay counselors in order to help educate or provide potentially valuable information that may help treat others. This includes, but is not limited to: verbal communication, email communication, professional listservs, and social media. You will not be identified in any of these communications.

_____ The IBCLC may publish information about my case in medical, scientific, or lay publications. You will also receive a separate consent if your case is proposed to be published. This will not be done without your express permission for the specific intended publication, but this serves as the initial acknowledgement that any information gathered or data collected about your case may be retrospectively used in this manner.

_____ You may communicate about my case with the following individuals. (Examples may include a spouse, sibling, parent, or friend.)

Name, Contact info, relationship

Client printed name, signature, date