

Freya Center HIPAA & Notice of Privacy Practices

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.

At Freya Center we respect the privacy and confidentiality of your health information. We are sincere in our promise to ensure the confidentiality of your information in a responsible and professional manner. We also are required by law to maintain the privacy of your protected health information, to provide you with this notice and to abide by its terms. This notice explains how your medical information may be used and shared with others involved in your health care. It also informs you about your rights and provides information about exercising those rights.

How we share information

The following are ways we may use or share information about you:

- **For Treatment:** We may share your information with other staff members, acupuncturists, chiropractors, midwives, laboratories, technicians, physicians or other health care workers to help them provide medical care to you. For example, we might consult with a perinatologist for suggestions that could help improve you or your baby's health. If you are transferred to a hospital during labor, we may give them access to any medical records we hold that would assist them in providing you with needed health care.
- **For Office operations:** We may use or disclose your health information in order to run the office efficiently and ensure that you receive quality care. For example, we may have office personnel contact you as a reminder that you have an appointment. Office personnel may also use your information to contact another provider office to initiate consultations, arrange appointments or otherwise assist us with managing your health care. We may use your health information to evaluate the performance of our staff in caring for you. We may report information to state and federal agencies that regulate us, such as the Texas Department of Health and Human Services. The Vital Records Department must be provided with certain information in order to file a birth certificate for your baby.
- **For Payment:** We will use the information to make claims to your insurance carrier to collect payment for medical bills which are covered by your health plan benefits. We may also share your information with individuals who perform business functions for us, such as billing services. We will only share your information if there is a business need to do so and if our business partner agrees to protect the information.
- **For Peer Review and Educational Purposes:** Midwives are required to engage in quarterly peer review and may disclose deidentified parts of your health record for educational or quality assurance purposes.

If we use or disclose your information for any reasons other than the above, we will first get your written permission. If you give us written permission and change your mind, you may revoke it in writing at any time. We will honor the revocation from that date forward with the exception of already disclosed information based on your previous permission.

Special Situations

There are special situations that may require us to release your health information to others.

- **Required by Law:** We will disclose health information about you when required to do so by federal, state or local law.
- **Law Enforcement:** We may be required by a court or administrative agency to provide information because of a search warrant or subpoena.
- **Public Health or Safety Risks:** We may report health information to public health agencies if we believe there is a serious health or safety threat to you or the public. For example, we are required to report when we believe there has been child abuse or neglect or domestic violence that threatens you.
- **Information Not Personally Identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are. For example, in the preparation of care statistics or in state mandated peer review.
- **Family and Friends:** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we can infer from the circumstances, based on our professional judgement that you would not object. For example, we may assume you agree to our discussing your personal health information in the presence of your spouse, friend or family member when you bring them with you into the room during an appointment. We may, using our professional judgment, assume that it is in your best interest to disclose to another family member or friend when you are not capable of giving consent due to

incapacity or when you are not present for other reasons such as transfer to the hospital. In that situation, we will disclose only health information relevant to the person's involvement in your care or emotional needs. For example, we may inform a person who accompanies you to the hospital by providing updates on your progress. We may determine that it is in your best interest to allow another person to act on your behalf by picking up filled prescriptions, herbs, or supplies or to contact other people in your identified network of support.

- **Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. This also applies to foreign military personnel in this country and required reports to foreign military authority.
- **Workers' Compensation:** We may report health information on job-related injuries because of requirements of your state worker compensation laws.

If we use or disclose your information for any reasons other than the above, we will first get your written permission. If you give us written permission and change your mind, you may revoke your written permission at any time. We will honor the revocation except to the extent that we have already relied on your permission. Note: If we disclose information as a result of your written permission it may be re-disclosed by the receiving party and may no longer be protected by state and federal privacy rules.

Your rights regarding your Health Information

You have certain rights with respect to your protected health information. These include:

- **Restrictions of Disclosure:** You have the right to ask us to restrict how we use or disclose your information for treatment, payment or health care operations. You also have the right to ask us to restrict what information we may give to persons involved in your care. While we may honor your request for restrictions, we are not required to agree to these restrictions. Federal or state law may restrict re-disclosure of additional information such as HIV/AIDS information, mental health information, genetic information and drug/alcohol diagnosis, and treatment or referral information without your written consent. You have the right to pay out-of-pocket for a procedure without disclosure to your insurance. You can opt out of receiving fund-raising information. Your information will never be sold without your authorization.
- **Confidential Communications:** You have the right to submit special instructions to us regarding how we send information to you that contains protected health information. For example, you may request that we send your information by U.S. Mail only to a specified address or to call a specific phone number. We will accommodate reasonable requests. You are not required to give us the reason for your request. Requests must be in writing.
- **Inspection and Copies:** You have the right to inspect and obtain a copy of your health information. We require that you complete a Medical Records Request Form for this request. We may charge you a fee for the costs of copying, mailing or other supplies. You may not be permitted to inspect or obtain a copy of information that is:
 1. Contained in psychotherapy notes;
 2. Compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding
 3. Sent to us by other health care providers. In most cases you must obtain those records directly from the health care provider who generated them.

We may deny your request to inspect or copy records in certain limited circumstances. You may ask that any denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

- **Amendment of Records:** If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, please submit it in writing, sent by Certified Mail to Medical Records c/o Emma Faris 2918 Ranch Road 620 N #185, Austin, TX 78734. We may deny your request for an amendment if it does not include a reason to support the request. If we deny your request to amend, we will notify you of the reason for the denial. You have the right to file a written statement of disagreement. We have a right to rebut your statement. However, you have the right to request that your written request, our written denial and your statement of disagreement be included with your information for any future disclosures. We may deny your request if you ask us to amend information that:

1. We did not create (unless the person or entity that created the information is no longer available to make the amendment themselves).
 2. Is not part of the health information that we keep
 3. You would not be permitted to inspect and copy
 4. Is accurate and complete.
- **Disclosures:** You have the right to receive an accounting of certain disclosures of your information, if any, made by us during the six years prior to your request. The accounting may not include allowable disclosures already noted above as well as any made prior to April 14, 2003 when record keeping of this nature became legally regulated.
- If, at any time this practice was to participate in a research trial, we would not disclose your information without a waiver of authorization from you. Once authorized, we may not account for each separate disclosure of your information. Instead, we will provide you with the following: 1. The name of the researching body. 2. A description of the research protocol or activity including the purpose for the research and the criteria for selecting particular records. 3. A description of the type of protected health information that was disclosed. 4. The date or period of time when such disclosure occurred. 5. The name, address, and telephone number of the entity that sponsored the research and researcher to whom the information was disclosed.

You have a right to receive a paper copy of this notice upon request at any time. You can also view a copy of the notice on our Web site at www.freyacenter.com. Should any of our privacy practices change, the terms of this notice may change. Once revised, we will notify you that a change has been made if you are still in our immediate care for a current pregnancy.

Filing a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our office at: Dremmafaris@freyacenter.com, or with the U.S. Department of Health and Human Services Office for Civil Rights at: <https://www.hhs.gov/ocr/complaints/index.html>

Changes to This Notice

We reserve the right to update this privacy policy at any time. Changes will be posted in our office and on our website.

If you have any questions about this notice, please contact Emma Faris 512-801-9102 or Dremmafaris@freyacenter.com. You have the right to file a complaint with us if you believe your privacy rights have been violated. We will not retaliate against you for filing such a complaint. If you feel our response is unsatisfactory you may also file a complaint with the Secretary of the Department of Health and Human Services. We will provide that contact information upon request.