THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: September 18,2023

Privacy Officer: Cathy Jones email: cathyjonesmhk@gmail.com Ph:785-307-1854

This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This notice also describes your right to access and control your protected health information. Your Protected Health Information or ‘PHI’ means any written or oral information about you, including demographic data that can be used to identify you, created, or received by your health care provider, which relates to your past, present or future physical or mental health or condition. The terms of this Notice apply to More Than Milk Lactation Services, LLC provided by Cathy Jones IBCLC, its affiliates and its employees. Wherever the term “we” or “LC” is used in this notice, it refers to the lactation consultant Cathy Jones and any employees. 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 lactation consultant) have to discuss your case or send information about you to different offices. We are required to keep a file to record our consult, but your private protected health information will be kept confidential. Cathy Jones, IBCLC is committed to protecting the confidentiality of our patients’ health information.

We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by Cathy Jones, IBCLC. You have a right, even if you have agreed to receive notices electronically, to obtain a paper copy of this Notice. We are required to notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act (“HIPAA”).

 **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:** **Authorization and Consent:** Except as outlined below, we will not use or disclose your protected health information for any purpose other than treatment, payment, or health care operations unless you have signed a form authorizing such use or disclosure. You have the right to revoke such authorization in writing, with such revocation being effective once we actually receive the writing; however, such revocation shall not be effective to the extent that we have taken any action in reliance on the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself. **Uses and Disclosures for Treatment:** We will make uses and disclosures of your protected health information as necessary for your treatment. That means the LC may talk to you about your situation and discuss it with your other health care providers. If you are referred to other specialists, the LC can send the information to them. **Uses and Disclosures for Payment**: We will make use and disclosures of your protected health information as necessary for payment purposes. We may share your information with your insurance company to arrange payment for the services provided to you. We may also use your information to prepare a bill to send to you or to the person responsible for your payment. **Uses and Disclosures for Health Care Operations:** We will make uses and disclosures of your protected health information as necessary, and as permitted by law, for our health care operations, which may include clinical improvement, professional peer review, business management, accreditation, and licensing, etc. For instance, we may use and disclose your protected health information for purposes of improving clinical treatment and patient care. **Appointments and Services:** We may contact you to provide appointment updates or information about your treatment or other health-related benefits and services that may be of interest to you. You have the right to request, and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. With such a request, you must provide an appropriate alternative address or method of contact. You also have the right to request that we not send you any future marketing materials and we will use our best efforts to honor such request. **Other Uses and Disclosures:** We are permitted and/or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization for the following: • Any purpose required by law; • Public health activities such as required reporting of immunizations, disease, injury, birth and death, or in connection with public health investigations; • If we suspect child abuse or neglect; if we believe you to be a victim of abuse, neglect or domestic violence; • To the Food and Drug Administration to report adverse events, product defects, or to participate in product recalls; • To your employer when we have provided health care to you at the request of your employer; • To a government oversight agency conducting audits, investigations, civil or criminal proceedings; • Court or administrative ordered subpoena or discovery request; • To law enforcement officials as required by law if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law; • To coroners and/or funeral directors consistent with law; • If necessary to arrange an organ or tissue donation from you or a transplant for you; • If you are a member of the military, we may also release your protected health information for national security or intelligence activities; and • To workers' compensation agencies for workers' compensation benefit determination.

**YOU HAVE FOUR RIGHTS UNDER HIPPA:**

**1. Access to Your Protected Health Information:**  you can ask the IBCLC to see all of your protected health information (PHI) on file.

**2. Amendment:** You have the right to request that protected health information that we maintain about you be amended or corrected. We are not obligated to make requested amendments, but we will give each request careful consideration. If an amendment or correction request is made, we may notify others who work with us if we believe that such notification is necessary.

**3. Disclosure Accounting:** you can ask to whom the IBCLC has given your PHI

**4. Restriction Request:** you can request restrictions on uses and disclosures of your PHI for treatment, payment, or health care operations.

**Complaints:** If you believe your privacy rights have been violated, you can file a complaint in writing with the lactation consultant. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at the below address. All complaints must be submitted in writing.

There will be no retaliation for filing a complaint.

You may email OCR at OCRMail@hhs.gov or call the U.S. Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019. You may file a complaint at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>