



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 FlowerChild Birth and Breastfeeding, I ensure the privacy and security of your protected health information (PHI) according to HIPAA (Health Insurance Portability and Accountability Act) guidelines. This Notice outlines your rights, potential uses, and disclosures of PHI, as well as my responsibilities regarding the handling and disclosure of your PHI.

1. Uses and Disclosures of Protected Health Information:

- Treatment: Your PHI may be used or disclosed to deliver, organize, or oversee your healthcare treatment.
- Payment: Your PHI may be used or disclosed to bill and collect payment for the services provided to you.
- Healthcare Operations: Your PHI may be used or disclosed for activities related to healthcare operations, such as quality assessment and improvement activities.
- Required by Law: Your PHI may be used or disclosed when required to do so by law.
- Authorization: We will obtain your written authorization for any use or disclosure of your PHI not otherwise described in this Notice.

2. Your Rights Regarding Your Protected Health Information:

- You have the right to inspect and obtain a copy of your PHI maintained by us, with limited exceptions.
- You have the right to request amendments to your PHI if you believe it is inaccurate or incomplete.
- You have the right to request an accounting of certain disclosures of your PHI.
- You have the right to request restrictions on certain uses and disclosures of your PHI.
- You have the right to request alternative means of communication or to receive communications of your PHI by alternative means.
- You have the right to file a complaint if you believe your privacy rights have been violated.

3. Duties:

- It is mandated by law to uphold the privacy and security of your PHI and to furnish you with this Notice of Privacy Practices.
- The right to change the terms of this Notice and implement new provisions applicable to all maintained PHI is reserved.

4. Contact Information:

- If you have any questions or concerns about this Notice or the privacy of your PHI, please contact our Privacy Officer at [Contact Information].

I am committed to protecting the privacy of your PHI. If you have any questions or concerns regarding the use or disclosure of your PHI, please do not hesitate to make contact.

You will be asked to acknowledge receipt of this Notice upon your initial visit to our facility.

Date of Last Revision: 04/12/2024

This Notice of Privacy Practices is effective as of 04/12/2024

Flower Child
Birth and Breastfeeding
951-312-2082