

## **NOTICE OF PRIVACY PRACTICES**

Effective Date: July 1, 2025

MILKY WEIGH LACTATION SERVICES LLC

Owner & Provider: Shanelle Franklin, BSN, RN, IBCLC

Contact: [shanelle@milky-weigh.com](mailto:shanelle@milky-weigh.com) | 301-410-0070

Mailing Address: PO Box 8124, Silver Spring, MD 20907

***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.***

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### **OUR LEGAL DUTY**

We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this notice of our legal duties and privacy practices
- Abide by the terms of this notice currently in effect

### **HOW WE MAY USE AND DISCLOSE YOUR PHI**

#### **For Treatment**

To provide, coordinate, or manage your care and related services.

#### **For Payment**

To bill and collect payment for services from you, your insurance company, or a third party.

#### **For Health Care Operations**

For quality assessment, training, auditing, compliance, and administrative purposes.

#### **When Required by Law**

To comply with federal, state, or local law.

#### **Public Health and Safety**

To prevent or control disease, report births, deaths, or child abuse, or report adverse events or product recalls.

#### **To Avert a Serious Threat to Health or Safety**

To prevent a serious threat to the health and safety of you, the public, or another person.

### Business Associates

We may share your PHI with contractors or third parties (e.g., billing services, electronic health record systems) who must also safeguard your information.

### OTHER USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

We will obtain your written permission for:

- Marketing communications
- Sharing psychotherapy notes (if applicable)
- Any use not listed above

You may revoke your authorization at any time in writing, except to the extent that action has already been taken.

### YOUR RIGHTS REGARDING YOUR PHI

- ✓ Right to Inspect and Copy: You may request to see or get a copy of your health information, with limited exceptions.
- ✓ Right to Amend: You may request an amendment to your records if you believe they are inaccurate or incomplete.
- ✓ Right to an Accounting of Disclosures: You may request a list of certain disclosures of your PHI made in the past six years, excluding those made for treatment, payment, or healthcare operations.
- ✓ Right to Request Restrictions: You may request restrictions on how we use or share your PHI. We are not required to agree, except if you pay in full for a service and request that we not share that information with your health plan.
- ✓ Right to Request Confidential Communications: You may ask us to contact you in a specific way (e.g., home phone, email) or send mail to a different address.
- ✓ Right to a Paper Copy of This Notice: You can ask for a paper copy of this notice at any time.

### CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. The new notice will be effective for all PHI we maintain. A current copy will always be available at your request and on our website, if applicable.

### QUESTIONS OR COMPLAINTS

If you have questions about this notice or believe your privacy rights have been violated, you can contact:

Privacy Officer: Shanelle Franklin, BSN, RN, IBCLC  
Email: shanelle@milky-weigh.com

Phone: 301-410-0070

Mailing Address: PO Box 8124, Silver Spring, MD 20907

You may also file a complaint with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

**ACKNOWLEDGEMENT OF RECEIPT**

You will be asked to sign an acknowledgment that you received this notice.