



HIPAA Disclosure Statement

Branch of Life Midwifery

Health Insurance Portability Accountability Act (HIPAA) ensures the protection of your personal health information. This document explains how your medical information may be used and how you can gain access to this information. This information is broken down into 3 primary sections: The privacy rule, security rule, and enforcement rule. The privacy rule ensures privacy to your information. The security rule discusses the provider's role in securing your information. Lastly, the enforcement rule discusses any breach to those previous rules.

By law as your provider, I am required to:

- Protect your protected health information (PHI)
- Give you a HIPAA disclosure statement and privacy practice regarding your health information.
- Follow the terms of this HIPAA disclosure

Privacy	Security	Enforcement
<ul style="list-style-type: none">– You have the right to access your records both electronically and on paper.– Your PHI (private health information) will always be kept private.– You have the right to correct any mistakes to your health record.– You have the right to choose your method of communication with the midwifery team.– You have the right to file a grievance with the North American Registry of Midwives at www.narm.org/accountability/how-to-file-a-complaint-with-narm/– Your PHI may be disclosed with the minimum necessary to consult another provider, in the case of transfer of services, etc.	<ul style="list-style-type: none">– Branch of Life Midwifery will make every effort to maintain the security of your personal health information.– Anyone with access to your PHI will be HIPAA trained.– Your PHI will be protected in the event of a peer review with other highly trained midwives.– Any paper charting, labs, or other PHI will be stored in a locked cabinet.– All electronic devices are secured with passwords, not shared in any capacity, and secured with malware protection.	<ul style="list-style-type: none">– Branch of Life Midwifery will seek technical assistance if privacy is breached.– Branch of Life Midwifery requires written consent to share PHI with other providers in all situations except for emergency situations.

Please read the following and initial:

- _____ I understand that Branch of Life Midwifery uses a combination of paper and electronic health records that are protected and secured. Students will have access to these records.
- _____ I understand that Branch of Life Midwifery may discuss treatment and health information with the birth team.
- _____ I understand that Branch of Life Midwifery does NOT offer photography services, but do not mind taking photos if able with ONLY the client's phone.

I consent to the following methods of communication:

Text _____ Call _____ Email _____ Voicemail _____

-
- _____ I understand and consent to using an encrypted group chat (Signal) at 35 weeks in order to stay in direct contact with the birth team.
- _____ I DO NOT consent to using an encrypted group chat at 35 weeks to have direct contact with the birth team.
- _____ I agree to allow Branch of Life Midwifery to use photos that I share with them on social media, website, or other promotional and marketing materials.
- _____ I DO NOT consent to allowing Branch of Life Midwifery to use my photos in any capacity.

I have read and understand this entire document.

Client: _____

Date: _____

Midwife: _____

Date: _____