



Notice of Privacy Practice, Your Rights under HIPAA

Lactation Arts LLC, Cary York RN, IBCLC.

Effective June 4, 2023

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.**

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 International Board Certified Lactation Consultant (IBCLC), have to discuss your case, or send information about you to different offices. Lactation Arts LLC is required to keep a file to record our consult, but the private, protected health information (PHI) in it will be kept confidential.

Your Rights

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. You have the right to:

Get a copy of your paper or electronic medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Request an amendment to your protected health information. However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request: was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment; is not part of your medical or billing records; is not available for inspection as set forth above; or is accurate and complete. In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

Request confidential communication. Lactation Arts provides HIPAA compliant email, and/or secure portal messaging. I agree to communicate through those platforms. If I choose not to use the HIPAA-compliant form of communication that Cary York RN, IBCLC, Lactation Arts LLC has provided, I understand that although email and text are not inherently secure means of communication Lactation Arts LLC will take all reasonable precautions to protect my privacy.

Ask us to limit the information we share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared your information. You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one

accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you believe your privacy rights have been violated. You can complain if you feel we have violated your rights by contacting us: Lactation Arts LLC, Privacy Officer, Cary York RN, IBCLC. 4801 Park Avenue, Richmond VA 23226, 804 938-1050, cary@lactationarts.com You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You choose if/how we tell family and friends about your condition. *We may share your information when needed to lessen a serious and imminent threat to health or safety.* We do not market and/or sell your personal health information. We do not photograph or record consultations without your prior written consent. We do use information and knowledge gained in the consultation for educational purposes, including educational materials, research, our website, and other media, however, no personal healthcare information, including photography and/or recordings will be used without your prior written consent.

You will be provided a HIPAA-compliant form of communication, email and/or secure portal messaging. If you choose not to use that form of communication your protected health information may be at risk. You agree to not hold liable Lactation Arts LLC, Cary York RN, IBCLC for breeches of your protected health information if you choose not to use those HIPAA compliant forms of communication.

Our Uses and Disclosures

We may use and share your information as we:

Treat you. We can use your health information and share it with other professionals who are treating you. Run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities.

Help with public health and safety issues such as: Preventing disease. Helping with product recalls.

Reporting adverse reactions to medications. Reporting suspected abuse, neglect, or domestic violence. Preventing or reducing a serious threat to anyone's health or safety.

Do research. We can use or share your information for health research.

Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests. Work with a medical examiner or funeral director.

Address workers' compensation, law enforcement, and other government requests. For law enforcement purposes or with a law enforcement official With health oversight agencies for activities authorized by law. For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal action. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities:

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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