# HIPPA PRIVACY NOTICE INFORMED CONSENT

Please take a moment to read about your rights under the Health Insurance Portability and Accountability Act (HIPAA) and affirm the following authorizations for disclosure of protected health information (PHI):

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. Wild Fig Birth LLC may use or disclose your PHI to carry out treatment, payment, or healthcare operations related to your care. Examples would be medical consultations, referrals, or transfer of care, lab or ultrasound orders, and insurance claims on your behalf.

Treatment will never be denied whether one authorizes or not. We are required by law to maintain your privacy and abide by the terms of the notice. Once information leaves our organization, it has the potential to be redisclosed. Here is a summary of your right to privacy. Please review at your convenience. <https://www.hhs.gov/sites/default/files/privacysummary.pdf>

## You have the right to:

• Request access to your health record at any time

 • Request corrections be made to your health record

 • Refuse any of the following authorizations

• Request that all communications regarding your care with Wild Fig Birth LLC and/or assistants be restricted from unsecure transmissions (fax, email, voice mail)

• Complain about a perceived violation of your privacy to us, Tennessee Midwives Assoc, North American Registry of Midwives, or the US Office for Civil Rights

Please let us know if you have any questions regarding your privacy. You may send any questions through our secure patient portal. If you send message through email, please know that not all email is encrypted and may not be secure, when sending private information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_