

**The Doula Foundation of Mid-America
2130 N Glenstone Ave.
Springfield, MO 65803
417-832-9222**

Notice of Privacy Practices

This Notice of Privacy Practices (NPP) describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have questions about this NPP, please contact Salina Bollinger, Program Coordinator of The Doula Foundation of Mid-America (DFMA).

This NPP will explain:

- How DFMA may use and disclose your Protected Health Information (PHI);
- Our obligations related to the use and disclosure of your PHI;
- Your rights related to any PHI that DFMA has or retains about you.

This NPP describes how DFMA may use and disclose your PHI to carry out services, payment and/or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, which may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. DFMA is required to abide by the terms of this NPP. A copy is available at DFMA and at the below-stated website. DFMA may change the terms of this NPP at any time, and the revised NPP will be posted at <http://doulafoundation.org>. The revised NPP will be effective for all PHI that DFMA maintains at that time.

I. How we may use and disclose your protected health information

On your first visit to DFMA, you will be required to sign an acknowledgement of receipt of the NPP, if you have not agreed to receive it electronically, a copy of the NPP will be made available to you. DFMA may obtain, but is not required to, your consent for the use or disclosure of your PHI for services rendered. DFMA is required to obtain your authorization for the use or disclosure of your information for other specific purposes or reasons that are listed below. Not every possible use or disclosure is covered, but all of the ways that DFMA is allowed to use and disclose information will fall into one of the categories.

Your PHI may be used and disclosed by our office staff, doulas, yoga teachers, child birth teachers and others outside of our office that are involved in your care and services for the purpose of providing care to you. Your PHI may also be used and disclosed to support the operations of DFMA.

Following are examples of the types of uses and disclosures of your PHI that DFMA is permitted to make.

A). Services: DFMA will use and disclose your PHI to provide, coordinate, or manage any related services. This includes the coordination or management of your PHI with a third party. For example, your PHI may be provided to a health provider to whom you have been referred to ensure that the provider has the necessary PHI to serve you.

B). Agency Operations: DFMA may use or disclose, as needed, your PHI in order to support the business activities of DFMA. These activities include, but are not limited to: quality assessment activities, licensing, and employee review activities. In addition, the staff of DFMA may also call you by name in a lobby when staff is ready to see you. DFMA may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. Whenever an arrangement between our agency and a business associate involves the use or disclosure of your PHI, DFMA will have a written contract that contains terms that will protect the privacy of your PHI.

II. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described herein. You may revoke this authorization, at any time, in writing, except to the extent that your provider has taken an action in reliance on the use or disclosure indicated in the authorization.

A). Research: To comply with laws and regulations other than HIPAA, DFMA will not allow your PHI collected by its staff, to be used in research projects without your written consent. Under certain circumstances, DFMA may use and disclose PHI about you for research purposes when the Institutional Review Board has approved a waiver of authorization for the Protection of Human Subjects. All research projects, however, are subject to a special approval process under Missouri law. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with clients' need for privacy of their health information. Before we use or disclose PHI for research, the project will have been approved through this research approval process. DFMA may disclose PHI about you to people *preparing* to conduct a research project; for example, to help them look for clients with specific medical needs, so long as the health information they review does not leave DFMA.

III. Uses and Disclosures of Protected Health Information That Do Not Require Your Consent or Authorization

DFMA can use or disclose PHI about you without your consent or authorization when:

- There is an emergency,
- When DFMA is required by law to use or disclose certain information, or
- When there are substantial communication barriers to obtaining consent from you.

DFMA can also use or disclose PHI about you without your consent or authorization for:

A). Appointment Reminders: DFMA may use and disclose PHI to contact you as a reminder that you have an appointment for services at DFMA.

B). Health-Related Benefits and Services: DFMA may use and disclose PHI to tell you about or recommend possible health-related benefits or services that may be of interest to you.

C). Individuals Involved in Disaster Relief: Should a disaster occur, DFMA may disclose PHI about you to any agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

D). As Required by Law: DFMA will disclose PHI about you when required by law.

E). Duty to Warn: DFMA may use and disclose PHI about you when necessary to prevent a serious threat to the health and safety of you, the public, or any other person.

However, any such disclosure would only be to someone able to help prevent the threat.

F). Military and Veterans: If you are a member of the armed forces, DFMA may release PHI about you as required by military authorities. DFMA may also release PHI about foreign military personnel to the appropriate foreign military authority.

G). Public Health Risks: DFMA may disclose PHI about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition or to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. DFMA will only make this disclosure if you agree or when required or authorized by law.

J). Health Oversight Activities: DFMA may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

K). Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, DFMA may disclose PHI about you in response to a court or administrative order as required by law.

L). Law Enforcement: DFMA may release PHI if asked to do so by a law enforcement official; however, if the material is protected by 42 CFR Part 2 (a federal law protecting the confidentiality of drug and alcohol abuse treatment records), a court order is required. DFMA may also release limited PHI to law enforcement in the following situations: (1) about a client who may be a victim of a crime if, under certain limited circumstances, DFMA is unable to obtain the client's agreement; (2) about a death DFMA believes may be the result of criminal conduct; (3) about criminal conduct at the Foundation; (4) about a client where a client commits or threatens to commit a crime on the premises or against program staff (in which case DFMA may release the client's name, address, and last known whereabouts); (5) in emergency circumstances, to report a crime, the location of the crime or victims, and the identity, description and/or location of the person who committed the crime; and (6) when the client is a forensic client, and DFMA is required to share with law enforcement by Missouri statute.

M). Coroners, Medical Examiners and Funeral Directors: DFMA may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. DFMA may also release PHI about clients to funeral directors as necessary to carry out their duties.

N). National Security and Intelligence Activities: DFMA may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

O). Protective Services for President and Others: DFMA may disclose PHI about you to authorized federal officials so they may conduct investigations or provide protection to the President and other authorized persons or foreign heads of state.

P). Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, PHI may be released about you to the correctional institution or law enforcement official if the release is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

IV. Other Uses Or Disclosures Of Protected Health Information

Other uses or disclosures not covered in this NPP will not be made without your written authorization, unless otherwise permitted or required by law. If you provide DFMA with written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing. If you revoke your authorization, DFMA will no longer use or disclose the information, unless required by law as stated herein.

V. Your Rights Regarding Health Information about You

You have the following rights regarding PHI that DFMA maintains about you:

A). Right to Inspect and Copy: You have the right to inspect and receive a copy of your PHI *with the exception of psychotherapy notes and information compiled in anticipation of litigation*. To inspect and receive a copy of your PHI, you must submit your request in writing to DFMA's Privacy Officer or designee. If you request a copy of the information, DFMA may charge a fee for the costs of copying, mailing or other supplies associated with your request. DFMA may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI because of a threat or harm issue, you may request that the denial be reviewed. A DFMA staff will review your request and the denial. The person conducting the review will not be the person who denied your request. DFMA will comply with the outcome of the review.

B). Right to Request an Amendment: If you feel your PHI that DFMA has about you is incorrect or incomplete, you may ask to have the information amended. You have the right to request an amendment for as long as the information is kept by or for DFMA. Requests for an amendment must be made in writing and submitted to DFMA's Privacy Officer or designee. You must provide a reason to support your request for an amendment. DFMA may deny your request if it is not in writing or if it does not include a reason supporting the request. In addition, DFMA may deny your request if you ask us to amend information that:

- Was not created by DFMA, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for DFMA;
- Is not part of the information which you would be permitted to inspect and copy or;
- Is accurate and complete.

C). Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures", a list of the disclosures made by DFMA of your PHI that you have not authorized. To request an accounting of disclosures, you must submit your request in writing to DFMA's Privacy Officer or designee.

D). Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI DFMA uses or discloses about you for treatment, payment and/or health care operations. For example, you could ask that DFMA not use or disclose information about your family history to a particular community provider. *DFMA is not required to agree to your request*. If DFMA does agree, it will comply with your request unless the

information is needed to provide you emergency treatment. To request restrictions on the use or disclosure of your PHI for treatment, payment or health care operations, you must make your request in writing to DFMA's Privacy Officer or designee. In your request, you must tell DFMA (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

E). Right to Request Confidential Communications: You have the right to request that DFMA communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that DFMA only contact you at work or by mail. To request confidential communications, you must make your request in writing to DFMA's Privacy Officer or designee. Your request must specify how or where you wish to be contacted. DFMA will not ask you the reason for your request and will accommodate all reasonable requests.

F). Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice even if you have agreed to receive the notice electronically. You may ask DFMA to give you a copy of this notice at any time.

VI. Changes to This Notice

DFMA reserves the right to revise this NPP. DFMA may make the revised notice effective for PHI it currently has about you, as well as any information received in the future. You may request a current copy at anytime. DFMA will post a copy of the most current NPP on its website, www.doulafoundation.org.

VII. Complaints

If you believe your privacy rights have been violated you may:

A). File a complaint with DFMA's Privacy Officer, Salina Bollinger, or designee at 417-832-9222.

B). File a complaint with the Secretary of the Department of Health and Human Services at 877-696-6775, or write to them at 200 Independence Ave. S.W., Washington, DC, 20201.

C). File a grievance with the Office of Civil Rights at 866-OCR-PRIV (866-627-7748), or 886-788-4989 TTY.

All complaints must be submitted in writing. You will not be penalized for filing a complaint.