

HIPPA

Under the HIPPA policy you have rights.

You have the right to request your records at any time.

You have a right to request corrections and updates to your medical records.

You have a right to request all your medical information be restricted from unsecured communication avenues such as email, fax or phone.

You have the right to file a complaint with our governing board when/if you feel your privacy or rights have been violated.

You have a right to refuse any of the following:

I agree to allow my treatment and case to be discussed in peer review with my name withheld.

I agree to allow students and apprentices to use my information and records for the NARM PEP process with my name withheld.

I agree to allow my pictures and story to be used as part of education and literature with my name withheld.

I agree to allow my information to be discussed in the following: medical consultation, referral, transfer of care, lab or ultrasound orders or other collaborative care for my benefit.

Midwife Signature _____ Client Signature _____ Date _____