

**RAINY CITY MIDWIFERY, LLC**  
**NOTICE OF PRIVACY PRACTICES**

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.

**Disclosure of Your Health Care Information**

Without specific written authorization, we are permitted to use and disclose your health records for the purposes of treatment, payment and health care operations.

**Treatment** means providing, coordinating or managing health care and related services by one or more health care providers. For example, we may need to share information with other health care providers of specialists involved in the continuation of your care.

**Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may disclose treatment information when billing an insurance company for services provided to you by our office.

**Health Care Operations** include the business aspects of running our practice. For example, patient information may be used for training purposes or quality assessment.

**Other Disclosures:** Unless you request otherwise, we may use or disclose health information to a family member, friend, personal representative, or other individual to the extent necessary to help with you health care or with payment for your health care. In the event of an emergency or your incapacity, we will use our professional judgment in disclosing only the protected health information necessary to facilitate needed care. In addition, we may disclose your health information for public health oversight activities, judicial or administrative proceedings, in response to a subpoena or court order, to military authorities of Armed Forces personnel, to federal officials for lawful intelligence, counterintelligence, and other national security activities, to correctional institutions or law enforcement officials, and/or to report suspected abuse, neglect, or domestic violence.

**Your Health Information Rights**

- You have the right to request restrictions on certain uses and disclosures of your health information.
- You have the right to inspect and copy your health information.
- You have the right to request amendments be made by this office to your protected health information file.
- You have a right to receive an accounting of disclosures of your protected health information.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

If you have questions about this notice or if you want more information, please contact: Rainy City Midwifery, LLC, (206) 861-8300. This notice is effective as of 3/1/03.

By way of my signature, I authorize Rainy City Midwifery, LLC with my authorization and consent to use and disclose my protected health information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date