



Lynden Birth Center, LLC
Licensed Birth Center
200 3rd Street, Lynden, WA 98264
360-510-0188
FAX: 844-411-7474

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.

Organizations Covered by this Notice

This Notice applies to the privacy practices of the Lynden Birth Center (LBC) and all other healthcare providers with admitting privileges at LBC.

Summary of Privacy Practices

We respect your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes (See: *Client Registration*).

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For Treatment:

- Information obtained by a midwife, nurse, physician, or other member of our health care team will be recorded in your medical records and used to help decide what care may be appropriate for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

For Payment:

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

For Health Care Operations:

- We use your medical records to assess quality, improve services, and train staff.
- We may use and disclose medical records to review qualifications and performance of our health care providers.
- We may contact you about appointments and give you information about health-related issues.
- We may use and disclose your information to conduct or arrange for services, including medical quality review by your health plan, accounting, legal, risk management, and insurance services; audit functions, including fraud and abuse detection and compliance programs.
- We may contact you by phone to discuss protected health information. If you are not available to answer the phone, we may leave a message on your answering machine with instructions to

call us back. If you would prefer us to leave detailed messages on your answering machine, you must give your permission on the *Specific Authorizations* form.

- It is our practice to organize and participate in fundraising events, both for the birth center and for the broader community. We may send you a letter, postcard or invitation, or call your home to invite you to participate. We may use your demographic information, your type of insurance, and your children's place and date of birth for fundraising purposes. You have the right to opt out if you wish.

Your Health Information Rights

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have the right to:

- Receive, read and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. But we will comply with any request granted;
- Request that you be allowed to see and obtain a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information, except in certain circumstances;
- Ask us, in writing, to change your health information. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. You may receive this information without charge once every 12 months.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

Our Responsibilities

We are required to:

- Keep your protected health information private
- Give you this Notice
- Follow the terms of this Notice

We have a right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting the birth center to pick one up.

To Ask for Help or Complain

- If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact the Birth Center Director at maryburgess555@gmail.com.
- If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to our Privacy Officer/Birth Center Director or file a complaint with the US Secretary of Health and Human Service.

Other Disclosures and Uses of Protected Health Information

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Information may be provided to people who ask for you by name. We may use and

disclose your name, location, and general condition. You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

We may use and disclose your protected health information with out your authorization as follows:

- For Medical Research which is approved and has its own safety precautions
- To Comply with Workers' Compensation Laws
- For Public Health and Safety Purposes as Allowed or Required by Law, to protect public health and safety, to prevent or control disease, injury, or disability, and to report vital statistics such as births or deaths.
- To Report Suspected Abuse or Neglect to public authorities.
- For Health and Safety Oversight Activities, e.g., with the WA State Department of Health.
- For Disaster Relief Purposes, e.g., notification of your condition to family or others.

Other Uses and Disclosures of Protected Health Information: Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Birth Announcements

We may use photographs of you and/or your baby in birth announcement postings at LBC, and/or promotional purposes unless you opt out.

Contact Information

If you have any questions or suggestions regarding our privacy policy, please contact us.