



I, _____, have been provided and given the opportunity to read the "TRILLIUM MIDWIFERY SERVICES HIPAA NOTICE OF PRIVACY PRACTICES" and have been given an opportunity to ask questions.

HIPAA Disclosures

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):

Trillium Midwifery Services 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.

You have the right to:

- Request access to your health record at any time
- Request corrections be made to your health record
- Request that all communications regarding your care with Trillium Midwifery Services Midwives and/or assistants be restricted from unsecure transmissions (fax, email, voice mail)
- Complain about a perceived violation of your privacy to us, Wisconsin Department of Safety and Professional Services, North American Registry of Midwives, or the US Office for Civil Rights
- Refuse any of the following authorizations:

I agree to allow Trillium Midwifery Services to discuss my treatment and care with colleagues as part of professional peer review.

Yes No

I agree to allow Trillium Midwifery Services to use photos that I share with them for the purpose of education in presentations about midwifery and home birth.

Yes No

Trillium Midwifery Services Midwives and/or assistants have my permission to disclose my protected health information to the following family members or friends:

Client Signature

Date

Midwife Signature

Date