



PROTECTED INFORMATION/HIPPA

Nine Moons Midwifery, LLC is dedicated to maintaining the privacy of your and your baby's health records. Our purpose in recording previous health information and gathering the details of your present pregnancy, birth and postpartum is to provide high quality care. I will use your private information for your direct care and billing.

WHAT IS PROTECTED OR PRIVATE INFORMATION?

- Notes or spoken words that relate to a person's physical or mental health.
- Information that identifies the person as the subject of information.
- Includes midwifery charts, laboratory records or received previous care information.

CONSULTATION

Occasionally we will consult with other people about your care (other midwives, physicians, herbalists, etc). We will make every effort to share only the information pertinent to the situation. Consultation can often be done by sharing only the description of the events and not using your name.

OTHER DISCLOSURE

Portions of your health information will also be shared with the following groups, as needed:

- Billing and insurance staff
- Laboratory
- Ultrasound facility
- Interns and apprentices directly involved in your care.

Each of these groups have their own strict codes of conduct to further protect your privacy. Nine Moons Midwifery, LLC interns and apprentices have completed coursework specific to privacy maintenance. Any staff person in violation of breaking confidentiality will be severely reprimanded. The federal law also has strict penalties intended for organizations wrongfully disclosing protected information.

CONSENT

I have read the description of the use and protection of my private information. I consent to my private information being used in the manner as explained above. I also understand that I can revoke consent at any time.

Client's Signature

Date

Client's Name (please print)



PERSONAL INFORMATION AUTHORIZATION FORM

Authorization is different than consent in that it is asking permission to share identifying information that is not needed for your care or billing. It allows Nine Moons Midwifery, LLC to add your address to our mailing list. The mailing list is never sold. It could be used by midwifery/consumer organizations to inform you of fundraising events, legislative information or other birth related proceedings. A birth announcement may also be placed on our website or Facebook page.

_____ I give authorization for Nine Moons Midwifery, LLC to use my address and vital statistics in the way described above.

_____ I do not want to receive any mailings from Nine Moons Midwifery, LLC or other midwifery organizations. I also do not want my birth to be announced on the your web site, newsletter or any other venue.

Photographs Release

Photographs of pregnant women, birth and newborns are used to advertise our care, to educate and awe people.

_____ I authorize Nine Moons Midwifery, LLC to use donated photographs for the above purpose. I realize these photos may be used on a web site, brochure, bulletin board, advertisement or for educational purposes. I reserve the right to decline the use of any photo that I wish to keep private.

_____ I do not want any photographs of myself or any family member to appear anywhere for any purpose. I would like my chart to reflect my wishes.

Client's Signature

Date

Client's Name (please print)

