



Milk and Honey,
Specialized Breastfeeding and Postpartum Support Center
Milk and Honey, Feeding and Speech Services, LLC
Notification of Rights and 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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law designed to protect your privacy whenever your healthcare providers have to discuss your case, or send information about you to different offices. We have to keep a file or record of our consultations/sessions, but we promise that the private, protected health information (PHI) in it will be kept confidential. Milk and Honey can freely share all the details of your personal health information for purposes of “treatment, payment and healthcare operations.” That means Milk and Honey can talk to you about your situation, and discuss it with your other healthcare providers. If you are referred to other specialists, Milk and Honey can send or discuss the information to them. Milk and Honey can also share the information with your health insurance company if needed.

The law also requires Milk and Honey to share your information under other, very precise situations; for example, if a subpoena has been served to turn over medical records, or a federal agency is investigating a complaint that we have not been protecting your privacy.

Any other time Milk and Honey shares your personal health information, it has to be with your specific written authorization.

You have 4 rights under HIPAA:

1. Access (You can ask Milk and Honey for your PHI);
2. Amendment (You can ask Milk and Honey to change their files to amend inaccurate PHI);
3. Disclosure Accounting (You can ask to whom Milk and Honey has given your PHI) and
4. Restriction Request (You can put limits on Milk and Honey’s use and sharing of your PHI)

Client Rights

It is you and your child’s right:

1. To be treated with respect for personal dignity and need for privacy regardless of race, color, religion, sex, age, physical or mental limitations or national origin.
1. To participate in decisions involving treatment or the plan of care.
2. To reasonably access Milk and Honey’s services and information regarding financial charges for which you are responsible.
3. To express an inquiry/complaint or file an appeal and expect an answer to this inquiry, complaint or appeal within a reasonable period of time.

I have read the above information and am aware and have been notified of my personal rights in addition to Milk and Honey, LLC privacy practices.

Signature of Consenting Party

Date

By checking this box, I am acknowledging that I am electronically signing this form.