HIPAA disclosure statement

This document informs you of your rights under the Health Insurance Portability and Accountability Act (HIPAA). Please read all the way through and affirm the following authorizations for disclosure of protected health information (PHI):

Sacred Space Birth 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 Sacred Space Birth Services be restricted from unsecure transmissions (fax, email, voice mail)

● Complain about a perceived violation of your privacy to us, our licensing board, our certification board, or the US Office for Civil Rights

● Refuse any of the following authorizations:

I agree to allow students and apprentices of Sacred Space Birth Services who are involved in my care to use my records, with my name removed, as verification of skills with the North American Registry of Midwives.	○ Yes ○ No
I agree to allow Sacred Space Birth Services to discuss my treatment and care with colleagues as part of professional peer review.	○ Yes ○ No
I agree to allow a photo of my baby or me to be posted on the Sacred Space Birth Services webpage and/or social media platforms with personal identifiers that may include my baby's name and birth weight.	○ Yes ○ No
I agree to allow Sacred Space Birth Services to use photos that I share with them for the purpose of education in presentations about midwifery and homebirth.	○ Yes ○ No

Sacred Space Birth Services has my permission to disclose my protected health information to the following family members or friends: _____

_____

Signature_____ Date_____

Name_____

Midwife's signature_____ Date _____

References

https://www.trilliummidwiferyservices.com/pdf/HIPAA-Consent.pdf

https://static1.squarespace.com/static/5637fb85e4b0995ae16a8c5a/t/598e156c49fc2bc51b2ce36b/1502483820890/HIPAA+Disclosure+.pdf

http://narm.org/wp-content/uploads/2011/03/MVM-HIPAA-Disclosures.pdf