

# HIPAA Notice Of Privacy Practices For Protected Health Information

## **SOUTH BAY BABY CARE NURSING SERVICES, INC**

Effective May 1, 2018

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services

### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get a copy of health records**

- You can ask to get a copy of your health records and other health information we have about you. Ask us how to do this.
- We will provide a copy of your health and claims records, usually within 30 days of the request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct health and claims records**

- You can ask us to correct your health records if you think they are incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

#### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- If you believe that your privacy rights have been violated, you may file a complaint with us at the following address: [lisa@southbaybabycare.com](mailto:lisa@southbaybabycare.com).
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care

- Share information in a disaster relief situation

*If you are unable to tell us your preference (i.e. if you are unconscious), we may share your information if we believe it is in your best interest.*

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis so we can arrange additional services.*

### **Run our organization**

We can use and disclose your information to run our organization and contact you when necessary.

*Example: We use health information about you to develop better services for you.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

### **Further Information**

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact:

Lisa Grossman, at (310) 650-9722 or [lisa@southbaybabycare.com](mailto:lisa@southbaybabycare.com).



South Bay Baby Care Nursing Services, Inc.  
www.southbaybabycare.com  
lisa@southbaybabycare.com  
(310) 650-9722

## **Consent for Nursing Services and Waiver of Liability**

By signing this consent form I hereby authorize Lisa Grossman, Registered Nurse, functioning as South Bay Baby Care Nursing Services, Inc., to provide nursing services as within the scope of practice determined by the Board of Registered Nursing and the Nursing Practice Act (NPA). Services provided by South Bay Baby Care may include, but are not limited to, perinatal education, perinatal and postpartum care, newborn care, breastfeeding support (inclusive of lactation services) and CPR, AED and First Aid training.

I understand that South Bay Baby Care Nursing Services, Inc. is a nursing practice and it is not within the scope of the nursing practice to diagnose or provide medical treatment. South Bay Baby Care Nursing Services, Inc. may provide assessment of certain medical conditions; however, diagnoses and/or medical treatments must be determined and ordered by a licensed medical practitioner.

I understand that reasonable measures will be taken to safeguard my health and safety but participation in these services carries a certain degree of risk for injury. I enter into these services at my own risk and I participate in such activities willingly, voluntarily and in reliance on my own judgment and ability. I release from liability and agree to hold harmless Lisa Grossman and South Bay Baby Care Nursing Services, Inc. from any and all liability, loss, claims, and possible causes of action arising from any loss, damage or injury to me or to my property resulting from or connected with my participation in the services conducted.

I acknowledge that I have received a copy of South Bay Baby Care's HIPAA Notice of Privacy Practices for Protected Health Information. I understand that I am able to access this form on the company's website ([www.southbaybabycare.com](http://www.southbaybabycare.com)).

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Print full name (second signer if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of second signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### **OPTIONAL**

I request and consent for a signed copy of this form to be e-mailed to me. \_\_\_\_\_/\_\_\_\_\_  
(Initials) (Initials)

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
E-mail address of second signer