



HIPAA Disclosure

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):

WomanWise 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 WomanWise 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 WomanWise 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to allow WomanWise to discuss my treatment and care with colleagues as part of professional peer review.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to allow a photo of my baby or me to be posted on the WomanWise Facebook or webpage with personal identifiers that may include my baby's name and birth weight.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to allow WomanWise to use photos that I share with them for the purpose of education in presentations about midwifery and homebirth.	<input type="checkbox"/> Yes <input type="checkbox"/> No

WomanWise has my permission to disclose my protected health information to the following family members or friends:

Signature _____ Date _____
 Name _____ MR # _____

Midwife's signature _____ Date _____