



Patient Privacy Notification Form

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Notice Section

This form declares Brooklyn Birthing Center, Inc. (BBC) Privacy Notice policies. BBC, as a Covered Health Care Entity under the Health Information Portability and Protection Act of 1996 (HIPAA), is obligated to protect the privacy of your health information to the best of its ability. Under the provisions of HIPAA, we are authorized to use your Patient Health Information (PHI) for routine treatment, payment, and health care operations without your explicit consent. This type of disclosure must be part of approved routine business transactions relating to payment, treatment, or health care operations, excepting psychotherapy notes, which may not be released. These transactions will normally be with other hospital or insurer business associates, who may have already obtained patient consents in these instances, or already have a direct or indirect treatment relationship with the individual.

Other instances when disclosure does **NOT** require your explicit consent:

- The disclosure is made under an HHS-approved exception, such as to parents of a minor or an individual authorized to act on behalf of another individual.
- You yourself make an official disclosure request.
- The requester is an approved government entity or health oversight agency.
- The law requires the disclosure.
- The disclosure relates to public health activities.
- The entity has reason to believe the individual may be a victim of abuse or neglect.
- The disclosure relates to judicial or administrative proceedings.
- The disclosure relates to law enforcement purposes.
- The disclosure relates to workers' compensation.
- The situation is an emergency. Consent must be obtained as soon as is reasonably possible.
- Consent has been attempted and has been determined impossible to obtain, but may be reasonably inferred or expected given the circumstances.
- **Joint Consent:** If BBC has already entered into a Consent Agreement with the patient as part of a Joint Consent authorized for another health care entity, we will be considered as authorized regarding the provisions of that Disclosure Consent Notice.

Any other use or disclosure of your health information requires your direct written consent. Should BBC require your consent, you will be notified and asked to sign a Patient Disclosure Authorization. You may refuse to sign this authorization. BBC will not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on the individual's providing authorization for the requested use or disclosure. Subsequent to signing the Patient Disclosure Authorization, you may revoke such authorization by notifying us in writing at any time. Should you do so, any action taken by us prior to revocation that relied upon the patient's consent shall still be considered valid, to the extent that it was relied upon. Your authorization may also contain an expiration date or event limiting the duration of the authorization.



You, the patient may also request stricter restrictions regarding the routine business transactions (payment, treatment, and health care operations) described above. BBC is **NOT** required by law to agree to these restrictions, but will consider each request individually.

BBC also reserves the right to change the terms of this privacy notice at any time. You may obtain a copy of this Notice at any time, by mail, e-mail or other electronic means. This Notice is effective April 14, 2012.

Patient Access Request Section

Your medical record is the physical property of our medical concern. You do, however, have rights with respect to your health information. You have the right to:

- Review this Notice of Privacy Practices.
- Authorize uses and disclosures of health information for purposes other than treatment, payment and health operations.
- **Opt-out of disclosure of information to family members or others who may be assisting with your care.**
- Request restrictions on certain uses and disclosures of your health information (however our office is not required to agree to such restrictions).
- Inspect and copy your own health information within reasonable times and availability, and upon proper written notice signed by you, which could incur a charge as allowed by state law.
- Under certain circumstances, to appeal denials of access to your own health information.
- Amend incorrect or incomplete health information, subject to certain limitations.
- Obtain an accounting of disclosures of your health information disclosed after April 14, 2003, subject to certain limitations including a request in writing by you.
- Request communication of your health information by alternative means or at alternative locations. For instance, you may ask that messages not be left on voice mail or correspondence not be sent to your address.
- Revoke your authorization to use or disclose your health information.
- File a complaint with this office or with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated.

Service Delivery Sites to which this notice applies:

Brooklyn Birthing Center, Inc. 2183 Ocean Avenue, Brooklyn, NY 11229

Maimonides Medical Center, 4802 10th Avenue, Brooklyn, NY 11219

Maimonides Medical Center, 5014 Fort Hamilton Parkway, Brooklyn, NY 11229

Our Pledge

Your privacy is important to us. BBC will do its utmost to protect your Patient Health Information both internally and externally, and adhere to federal privacy guidelines.

For comments, questions, privacy concerns, or complaints, please contact our Privacy Officer, A. Frances Schwartz, 2183 Ocean Avenue, Brooklyn, NY 11219. Tel 718 376-6655; Fax 718 336-4113; e-mail franschwarz@brooklynbirthingcenter.com.