Midwife's Practice Name, Logo, Contact Info

EXAMPLE: Notice of Privacy Practices (NPP)

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.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information (PHI). 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.

Your Rights

You have the right to:

- Get a copy of your medical record
- Ask us to correct your medical record
- Request confidential communication
- Ask us to limit what we use or 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 feel your rights are violated

Your Choices

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.

You have the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

Our Uses and Disclosures

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

- To treat you
- To run our organization

- To bill for your services
- To help with public health and safety issues
- To do research
- To comply with the law
- To respond to organ and tissue donation requests
- To work with a medical examiner or funeral director
- To address workers' compensation, law enforcement, and other government requests
- To respond to lawsuits and legal actions

Contact Information

If you have questions, or if you believe your privacy rights have been violated, you may contact us at:

[Your Practice Name]
[Address]
[Phone Number]
[Email Address]

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

Effective Date

This notice is effective as of: _____