

# NEW MOMS

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information.  
PLEASE REVIEW THIS CAREFULLY

Your client record contains personal information about you and your health. State and Federal law protects the confidentiality of this information. This Notice of Privacy Practices describes how we may use and disclose your protected health information ("PHI"), as well as your rights regarding your PHI. We reserve the right to change the terms of this Notice at any time by posting a copy on our website [www.newmomsorg](http://www.newmomsorg). You may request a copy of the Notice at any time. Protected Health Information (PHI) is information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related services. The confidentiality of client records, including alcohol and drug abuse records, is specifically protected by State and federal law and regulations. If you have questions about this Notice of Privacy Practices or any of your rights, please contact our Privacy Officer:

HIPAA Privacy Officer at New Moms: [Melanie Garrett, Chief Program Officer](#)

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Listed below are examples of the uses and disclosures that New Moms may make of your PHI. Uses and disclosures of your PHI can be made with your written authorization or as further described below. The disclosure may be made verbally, in writing, or electronically, such as by email or text message.

**Treatment.** We may use your PHI to provide, coordinate, or manage your care and any related services including sharing information with others outside of New Moms that we are consulting with or referring you to for your care, such as a specialist or another community agency.

**Health Insurance.** We may use or disclose your PHI to determine if you have insurance benefits, to determine coverage of treatment, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

**Healthcare Operations.** We may use or disclose your PHI, as needed, to coordinate our business activities and to share PHI with third parties that provide services to us such as billing or computer services, quality assessment activities, employee review activities, training of students, or other services who have entered into agreements promising to maintain the confidentiality of your PHI.

**Contact with our Participants.** We may use or disclose your PHI for participant activities and to contact you. We may also use a sign-in sheet at the registration desk where you will be asked to sign your name when entering New Moms buildings. We may also call you by name in the waiting room when it is time to be seen. We may contact you by phone or text to remind you of your appointments. We may leave voice messages at the telephone number you provide to us. If you choose to have us contact you by text, texting charges from your carrier could apply. If we contact you, you can tell us to contact you in another way or opt out of future contacts.

**Required by Law.** We may use or disclose your PHI if it is required by law. For example, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule. We may also disclose your PHI if a court issues an appropriate order and follows required procedures.

**Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers) and peer review organizations performing utilization and quality control.

**Abuse or Neglect.** We may disclose some of your PHI to a state agency authorized by law to receive reports of child abuse or neglect. We may also disclose PHI to a state agency to report elder abuse or abuse of adults with disabilities.

**Law Enforcement.** We may disclose your PHI to law enforcement officials if you have committed a crime on program premises or against program personnel.

**Deceased Participants.** We may disclose PHI regarding deceased participants for the purpose of determining cause of death in connection with laws requiring collection of death or other vital statistics or permitting inquiry into cause of death.

Court Order. We may disclose your PHI if the court issues an appropriate order and follows required procedures.

Medical Emergencies. We may disclose your PHI in a medical emergency to medical personnel to prevent serious harm.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm as allowed by law.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Interagency Disclosures. Limited PHI may be disclosed for the purpose of coordinating services among government programs or other entities that provide mental health or counseling services where those programs have entered into an interagency agreement with New Moms.

Public Safety. We may disclose PHI to avert a serious threat to health or safety, such as physical or mental injury being inflicted on you or someone else as allowed by law.

Alliance Participation. We may participate with other providers in an Alliance, as governed by various Agreements between New Moms and these Alliances. These Agreements allow the sharing of data among members of the Alliances within certain confidentiality restrictions imposed by law and Notices of Privacy Practices of the Alliance.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Your rights with respect to your PHI are explained below. Any requests with respect to these rights must be in writing.

Right to inspect and copy: You may inspect and obtain a copy of PHI contained in your agency records for as long as we maintain those records. We may require you to request access to your information in writing. If your records are maintained electronically, you may also request an electronic copy of that portion of your record. We can deny you access to your PHI in certain circumstances and in some cases, you will have a right to appeal the denial.

Right to request an amendment: You may request, in writing, that we amend your PHI that has been included in a designated record set. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us.

COMPLAINTS

If you believe we have violated your privacy rights, you may file a complaint, in writing, to us by notifying our Privacy Officer. We will not retaliate against you for filing a complaint. You may also file a complaint with the U.S. Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201.

Breach Notification. If there is a breach of unsecured PHI concerning you, we may be required to notify you.

Substance Use: The confidentiality of alcohol and other substance use records is protected by federal law and regulations. Generally, the program may not disclose any information identifying participant substance use unless: (1) the patient consents in writing; (2) the disclosure is allowed by a court order; (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; (4) the patient commits or threatens to commit a crime either at the program or against any person who works for the program. Violation of federal regulations by a program is a crime. Suspected violations may be reported to the Privacy Officer or the U.S. Attorney's Office at 219 S. Dearborn in Chicago, Illinois. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_