



Notice of Privacy Practices

Breastmade LLC DBA MTZ Lactation Services

Treat you

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

Run our organization

We can use and share your health information to run our practice and improve your care. We can use the information to contact you when necessary.

Bill for services

As a result of the Affordable Care Act of 2012, most New Jersey health insurance companies will reimburse families for in-home and telehealth breastfeeding support. When requested, we will provide you with a super bill which can be submitted to the insurance company or HAS/FSA for reimbursement.

How else can we use or share your information?

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 are complying with federal privacy laws.

Required by law: We are required by law to report suspected abuse or neglect, domestic violence, or similar injuries and events.

Work with a medical examiner

We can share health information with a coroner, medical examiner, when an individual die.

Respond to lawsuits and legal actions

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

Get a list of those with whom we have shared information

You can ask for a list (accounting) of the times we have shared your health information, who we shared it with and why.

Get a copy of this privacy notice

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

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the contact information provided.
- We will not retaliate against you for filing a complaint.
- 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/.

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 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 your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preferences, for example you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

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

- Marketing purposes
- Sale of your information

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 protected health information.
- We must follow the duties and privacy practices 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

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 and on our website.

I, _____, hereby acknowledge receipt of the Notice of Privacy Practices given to me.

Signature: _____

Date: _____

If not signed, reason why acknowledgment was not obtained.