



*Hudson Valley Breastfeeding, LLC.*  
*19 Pine Avenue*  
*Ossining, New York 10562*  
*(914) 231-5065 · (914) 407-1718 fax*

## **Notice of Privacy Policy**

The Health Insurance Portability and Accountability Act (HIPAA) sets standards for the security and privacy of health information. This notice describes how your medical information that is stored at Hudson Valley Breastfeeding (HVBF) may be used and disclosed, and how clients can obtain access to this information.

HIPAA requires us to:

- Keep medical information that identifies you private.
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and,
- Follow the terms of this Notice.

We collect personal health information (PHI) from you, any discharge statements and medical records you provide, healthcare providers, blood and tissue laboratories and through other means, as applicable. The law specifically protects health information; oral, written or recorded, that contains information such as your name, address, social security number, dates, telephone/fax numbers, email addresses, demographic data, etc., that could be used to identify you or your infant as the person who is associated with that health information.

Any protected health information may be used in connection with our service to you, payment of your account, or health care operations. It is expected that any organization with which we share information is also HIPAA compliant, therefore ensuring the security of your information.

We keep your personal health information private by:

- Your personal health information is kept in individual files in our office and in a password protected private online server. The office is unlocked only when staff is present and locked at all other times. Staff who access files will be trained in issues of confidentiality and privacy.
- All publications and communications coming electronically from HVBF that might contain any personal health information are encrypted.
- If someone requests information from your medical record for a legitimate reason, this will be documented in your folder.
- Personnel trained in confidentiality and privacy issues access electronic records only through HVBF's network.

We may use or disclose medical information about you in the following ways:

- Health care providers may request information about you to meet our needs. For example, your baby's pediatrician may request information on our examination of the baby's tongue and lips.
- We may discuss your medical information with your health insurer to verify eligibility for benefits, obtain prior authorization, or to bill and receive payment for the services you receive from us.
- HVBF staff may need to review your medical information to review the care provided, plan for future care, or educate staff.
- We may use your information to contact you to check on your and your baby's progress, paperwork needs, or to see how your baby is doing. If we try to contact you by telephone and you are not available, we may leave a message with a family member or on your answering machine.



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## **Notice of Privacy Policy**

- We may display any pictures of your baby or family that you may send to us in our office or website. This will be done without any identifying information unless we specifically ask your permission to identify you or your child.
- We will request permission and provide a separate photo/video consent form should you wish to allow the use of any sensitive photos or videos of you or you baby; e.g., during breastfeeding.
- We may provide your medical information to our business associates so that they can perform certain functions or services on our behalf. These associates could include hospitals, physician's offices, and blood and tissue laboratories.
- We will disclose medical information about you if required to do so by federal, state, or local law.
- We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or that of another person or the public.
- We may disclose medical information about you for public health activities. These activities may include: the prevention or control of disease, or reporting laboratory test results.
- We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- Inadvertent disclosures of information may happen because of people overhearing conversations in our offices. Every effort will be made to prevent this from happening.

Persons potentially inadvertently exposed to your private information include (a) staff of HVBF, and (b) IBCLC interns/students.

### **Your Rights Under This Notice**

You have the right to (a) request inspection or copying of your record, (b) amend the information contained in your record, (c) request an accounting of all disclosures of PHI, (d) request restrictions of access to your records, and e) issue a complaint, without risk of retaliation, to HVBF or to the U.S. Department of Health and Human Services.

Please send requests to:

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Ossining, NY 10562  
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